



# 2019

## Montclair Hospital Medical Center

### Community Health Needs Assessment

- San Bernardino County, California-

*Paper copies of this document may be obtained at: Montclair Hospital Medical Center  
5000 San Bernardino Street, Montclair CA 91763 or by phone (909) 625-5411 or via the hospital website:*

<https://www.Montclair-hospital.org/>

*Photo Credit: San Bernardino County Regional Parks website*

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# Perspective / Overview

## Creating a culture of health in the community



Action Cycle Source: *the Robert Wood Johnson Foundation's County Health Rankings*  
website: <http://www.Countyhealthrankings.org/roadmaps/action-center>

The Action Cycle shows how to create healthy communities. The rankings later in the document assist in understanding what makes a healthy community.

The Community Health Needs Assessment (CHNA) uses systematic, comprehensive data collection and analysis to define priorities for health improvement, creates a collaborative community environment to engage stakeholders, and an open and transparent process to listen and truly understand the health needs of San Bernardino County, California. The secondary analysis was performed on all of San Bernardino County with a focus on the southwestern corner where most of the population and patient origin resides. See patient origin map on page 9.

## 2019 Community Health Needs Assessment

This document is a hospital facility-specific Community Health Needs Assessment (CHNA) for Montclair Hospital Medical Center.

Montclair Hospital Medical Center as the sponsors of the assessment, engaged national leaders in community health needs assessments to assist in the project. Stratasan, a healthcare analytics and facilitation company based out of Nashville, Tennessee, provided the analysis of community health data, conducted the focus groups and interviews and facilitated the community health summit to receive community input into community health status, needs and priorities as well.

- ✔ Starting on December 6, 2019 this report is made widely available to the community via Montclair Hospital Medical Center's website <https://www.Montclair-hospital.org/> and paper copies are available free of charge at Montclair Hospital Medical Center, 5000 San Bernardino St., Montclair, CA 91763 or by phone (909) 625-5411.
- ✔ Montclair Hospital Medical Center's board of directors approved this assessment and the hospital's implementation plan on December 5, 2019.

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### PROJECT GOALS

- 1 To continue a formal and comprehensive community health assessment process which allows for the identification and prioritization of significant health needs of the community to assist with resource allocation, informed decision-making and collective action that will improve health.
- 2 To continue a collaborative partnership between all stakeholders in the community by seeking input from persons who represent the broad interests of the community.
- 3 To support the existing infrastructure and utilize resources available in the community to instigate health improvement in the community.

“ We initiated the Community Health Needs Assessment with the goal to assess the health and needs of the community. This process is an affirmation of what we’ve been doing to improve health and has jumpstarted our next implementation plan,” said Gail Aviado, Administrator Montclair Hospital Medical Center.

The information gathered both from public health data and from community stakeholders provided the insight the community needed to set priorities for significant health issues and will be used by the community to inform and support our implementation plans,” added Brianne Underwood, Regional Director of Marketing and Communication, Montclair Hospital Medical Center. ”

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## Community

### Input and Collaboration

#### Data Collection and Timeline

In May 2019, Montclair Hospital Medical Center began a Community Health Needs Assessment for San Bernardino County, and sought input from persons who represent the broad interests of the community using several methods:

- Information gathering, using secondary public health sources, occurred in June 2019.
  - 27 community members, not-for-profit organizations representing medically underserved, low-income, minority populations, the elderly, health providers, and the health department participated in two focus groups and one individual interview for their perspectives on community health needs and issues on July 17, 2019.
  - A Community Health Summit was conducted on July 18, 2019 with 30 community stakeholders. The audience consisted of healthcare providers, business leaders, government representatives, schools, not-for-profit organizations, employers and other community members.
  - The implementation plan was created by the hospital leadership team and completed on October 2, 2019.
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*Photo Credit: Wikipedia; Rennett Stowe Mojave Desert National Preserve*

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## **Information Gaps**

While this assessment was quite comprehensive, it cannot measure all possible aspects of health in the community, nor can it adequately represent all possible populations of interest. It must be recognized that these information gaps might in some ways limit the ability to assess all the community's health needs.

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## **Participants**

Thirty-one individuals from eleven community and healthcare organizations collaborated to implement a comprehensive CHNA process focused on identifying and defining significant health needs, issues, and concerns of San Bernardino County. The three-month process centered on gathering and analyzing data as well as receiving input from persons who represented the broad interests of the community to provide direction for the community and hospital to create a plan to improve the health of the communities.

## Participation by those Representing the Broad Interests of the Community

Participation in the focus groups, interview and community health summit offered insights into the health needs and assets of San Bernardino County:

Organization	Population Represented (kids, low income, minorities, those w/o access)	How Participated
AMR - Ambulance	Everyone	Focus Group
Bethany of Montclair Church	Everyone	Focus Group
Calvary Montclair Church	Everyone	Focus Group
Community Extended Care	Seniors	Focus Group
Community Member	Everyone	Interview
FQHC	Everyone	Focus Group
H.S.A.	Everyone	Focus Group, Summit
Montclair Hospital Medical Center (MHMC)	Everyone	Focus Group, Summit
MHMC - Administration	Everyone	Focus Group, Summit
MHMC - Business Development	Everyone	Focus Group
MHMC - DX	Everyone	Focus Group
MHMC - Engineering	Everyone	Focus Group, Summit
MHMC - EVS	Everyone	Focus Group, Summit
MHMC - Finance	Everyone	Focus Group
MHMC - FNS	Everyone	Focus Group, Summit
MHMC - Human Resources	Everyone	Focus Group, Summit
MHMC - IT	Everyone	Focus Group
MHMC - Marketing	Everyone	Focus Group, Summit
MHMC - Materials Management	Everyone	Focus Group
MHMC - MST	Everyone	Focus Group, Summit
MHMC - OB/OR	Everyone	Focus Group, Summit
MHMC - Performance Improvement	Everyone	Focus Group, Summit
MHMC - Pharmacy	Everyone	Focus Group
MHMC - Radiology	Everyone	Focus Group
MHMC - Security	Everyone	Summit
MHMC - Case Mgt	Everyone	Focus Group
Montclair Police	Everyone	Focus Group
SBC Health Center	Everyone	Summit
U.S. Representative Norma Torres	Everyone	Focus Group

# Input of the Medically Underserved, Low-Income, and Minority Populations

Input of medically underserved, low-income and minority populations was received during the focus groups, interview and summit. Agencies representing these population groups were intentionally invited to the focus groups and summit. The focus groups and summit were representative of the whole community.

## Input of those with Expertise in Public Health

The San Bernardino County Health Department participated in the community health summit.

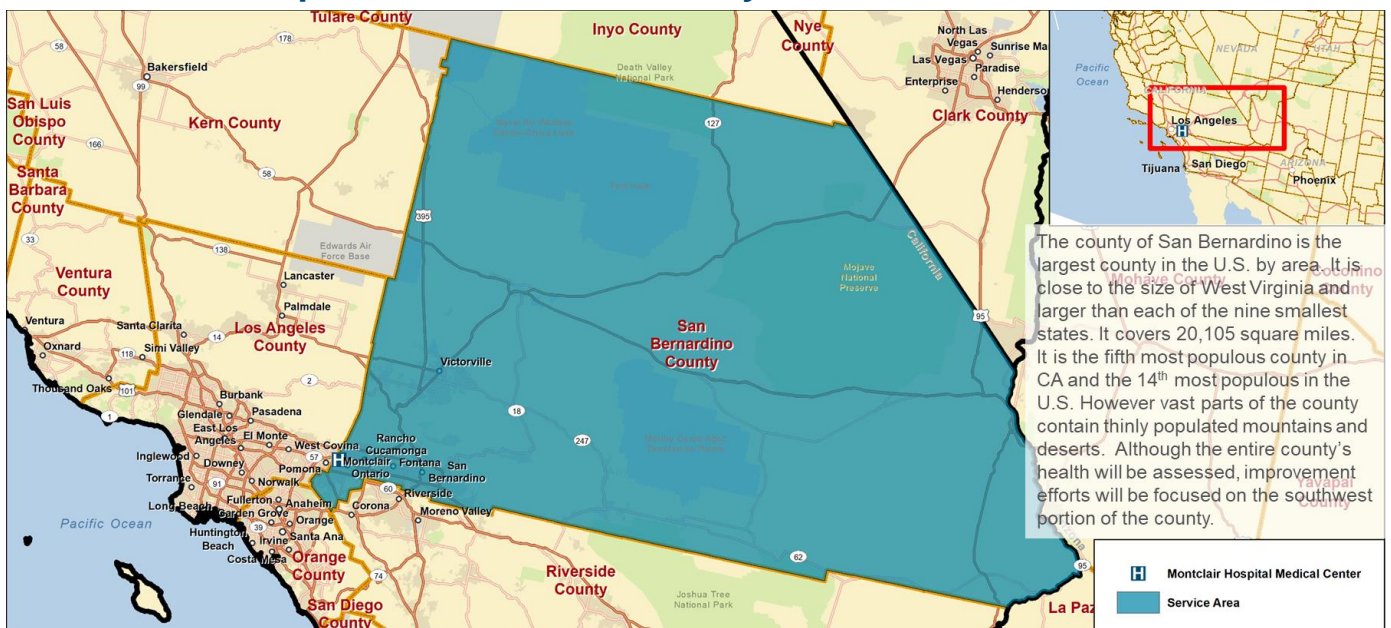
### Community Engagement and Transparency

Many members of the community participated in the focus groups, individual interview and the community health summit. We are pleased to share the results of the Community Health Needs Assessment with the rest of the community in hopes of attracting more advocates and volunteers to improve the health of San Bernardino County. The following pages highlight key findings of the assessment. We hope you will take the time to review the health needs of our community as the findings impact each and every citizen in one way or another; and join in the improvement efforts.

### Community Selected for Assessment

San Bernardino County was the primary focus of the CHNA due to the service area of Montclair Hospital Medical Center. Used as the study area, San Bernardino County provided 70% of inpatient discharges. The community includes medically underserved, low-income and minority populations who live in the geographic areas from which Montclair Hospital Medical Center draws their patients. All patients were used to determine the service area without regard to insurance coverage or eligibility for financial assistance under Montclair Hospital Medical Center's Financial Assistance Policy.

## Montclair Hospital Medical Center Study Area - 2018

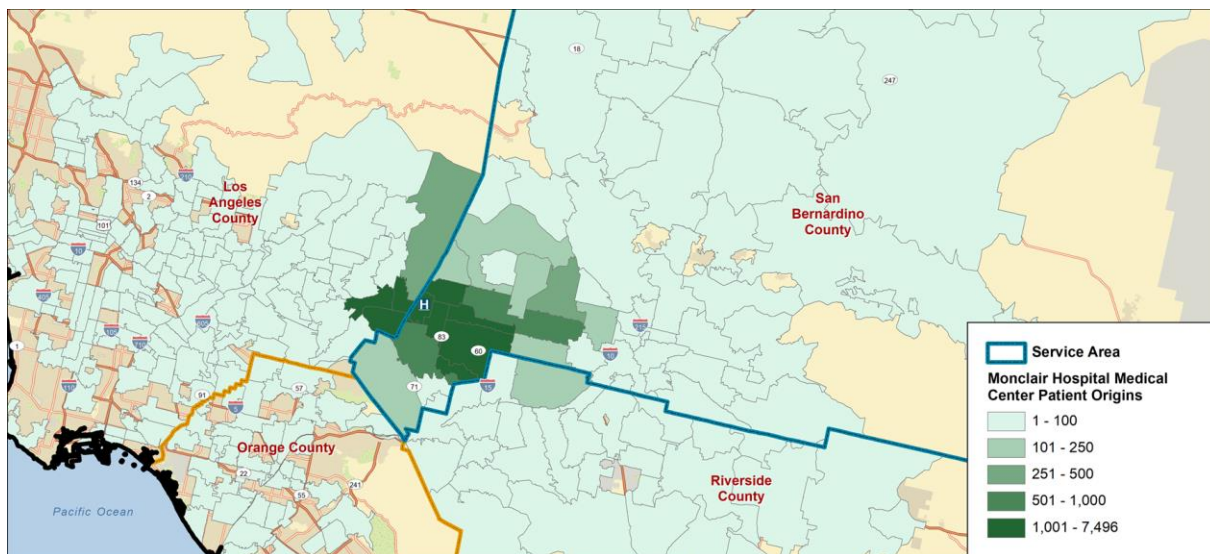




## Community Selected for Assessment, cont.

The implementation plan will focus on the southwest corner of San Bernardino County where the majority of patients and population is located. The county of San Bernardino is the largest county in the U.S. by area. It is close to the size of West Virginia and larger than each of the nine smallest states. It covers 20,105 square miles. It is the fifth most populous county in CA and the 14<sup>th</sup> most populous in the U.S. However vast parts of the county contain thinly populated mountains and deserts. Although the entire county's health will be assessed, improvement efforts will be focused on the southwest portion of the county.

## Montclair Hospital Medical Center Patient Origin - 2018



Source: Montclair Hospital Medical Center

# Key Findings

## Community Health Assessment

### Results

Based on the primary and secondary data, interview, and focus groups the following needs were prioritized by attendees at the Community Health Summit. The remainder of the document outlines the process and data.

1. **Mental Health & Substance Abuse**
2. **Obesity/Diabetes/Food security**
3. **Education – health, high school and some college**
4. **Access to care**
5. **Homelessness**
6. **Other Issues**
  1. **Violent crime**
  2. **Community support & interaction**
  3. **Air pollution**
  4. **Low income**

## Process and Methods

Both primary and secondary data sources were used in the CHNA.

### Primary methods included:

- Community focus groups
- Individual interviews with community members
- Community Health Summit

### Secondary methods included:

- Public health data – death statistics, County Health Rankings, cancer incidence
- Demographics and socioeconomic – population, poverty, uninsured, unemployment
- Psychographics – behavior measured by spending and media preferences



*Photo Credit: San Bernardino County Regional Parks website*

# Demographics of the Community 2018-2023

## Description of the Communities Served

The table below shows the demographic summary of San Bernardino County compared to California and the U.S.

	Co of San Bernardino	California	USA
Population	2,173,190	39,806,791	330,088,686
Median Age	32.9	36.2	38.3
Median Household Income	\$59,893	\$69,051	\$58,100
Annual Pop. Growth (2018-2023)	0.83%	0.82%	0.83%
Household Population	648,132	13,336,104	124,110,001
Dominant Tapestry	Urban Villages (7B)	Urban Villages (7B)	Green Acres (6A)
Businesses	55,068	1,383,444	11,539,737
Employees	666,275	16,100,156	151,173,763
Medical Care Index*	95	113	100
Average Medical Expenditures	\$1,848	\$2,207	\$1,950
Total Medical Expenditures	\$1.2 B	\$29.4 B	\$242.0 B

### Racial and Ethnic Make-up

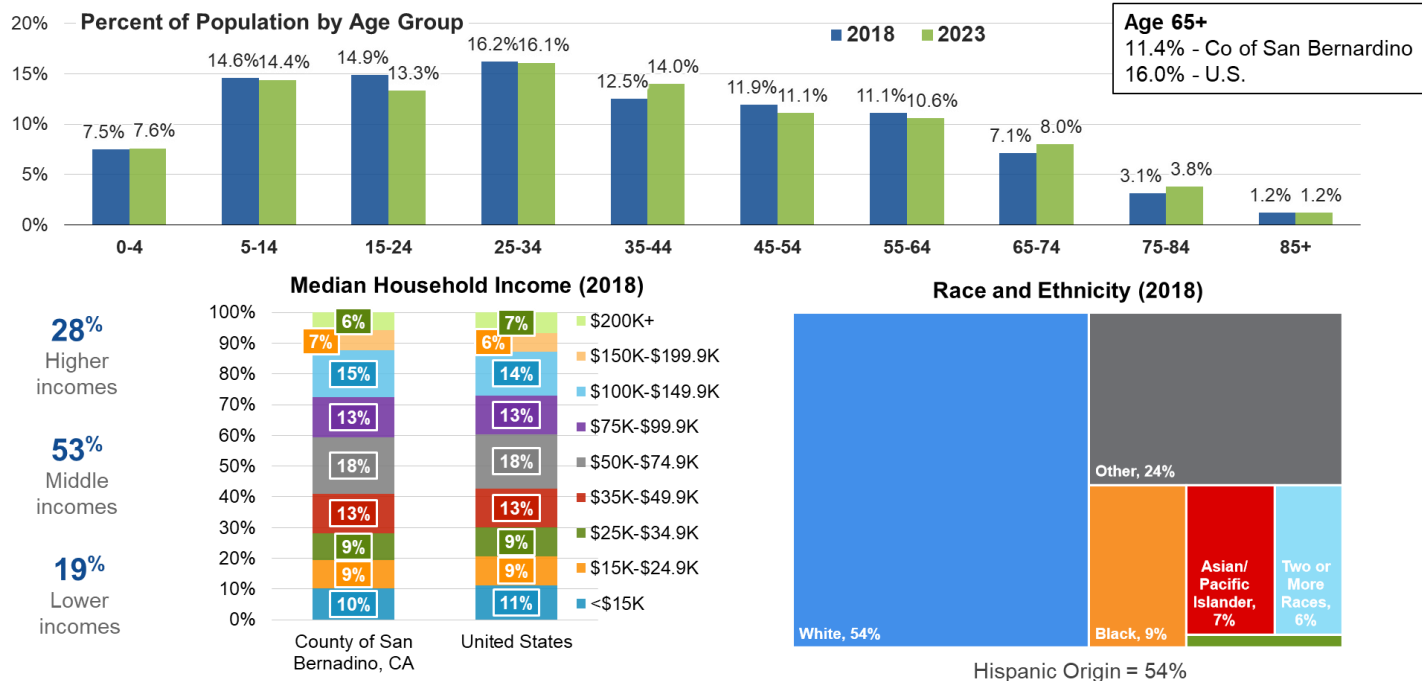
White	54%	55%	70%
Black	9%	6%	13%
American Indian	1%	1%	1%
Asian/Pacific Islander	7%	15%	6%
Other	24%	18%	7%
Mixed Race	6%	5%	3%
Hispanic Origin	54%	40%	18%

Source: ESRI

\*The Medical Care Index is household-based, and represents the amount spent out of pocket for medical services relative to a national index of 100.

The median is the value at the midpoint of a frequency. There is an equal probability of falling above or below the median.

## San Bernardino County

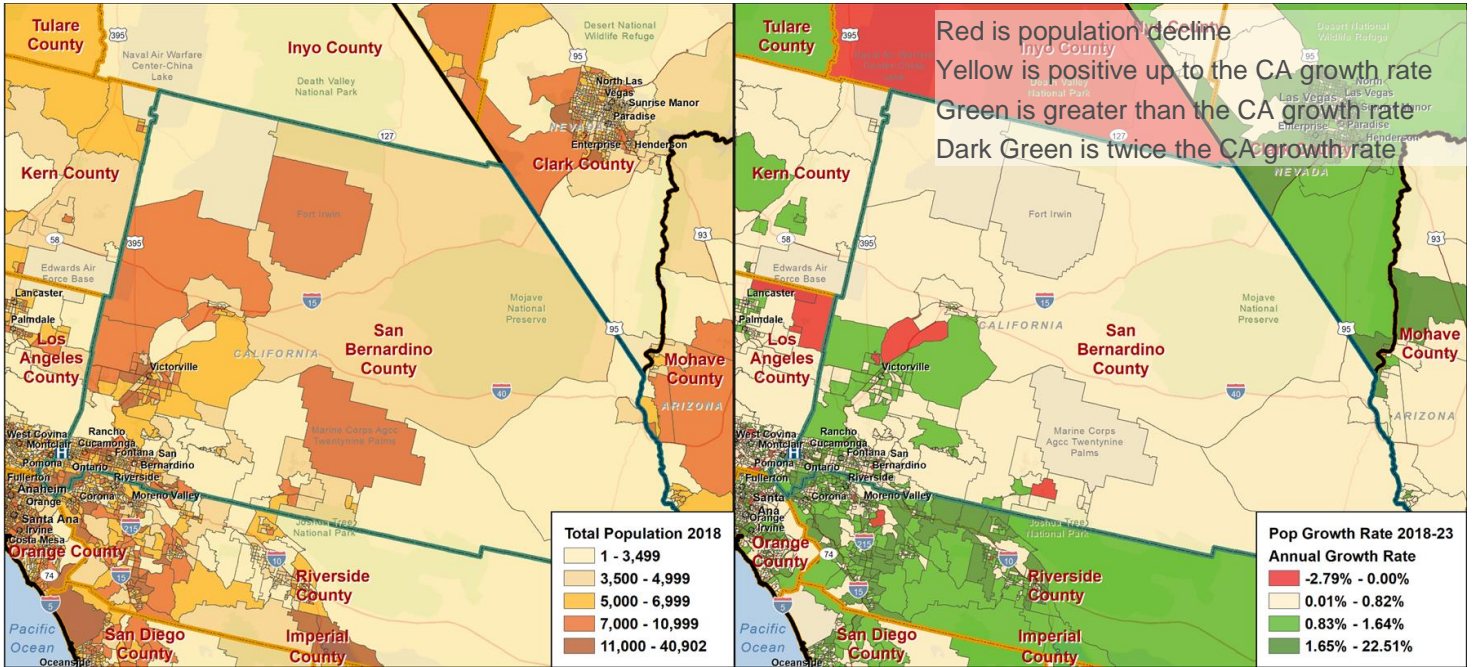


Source: ESRI

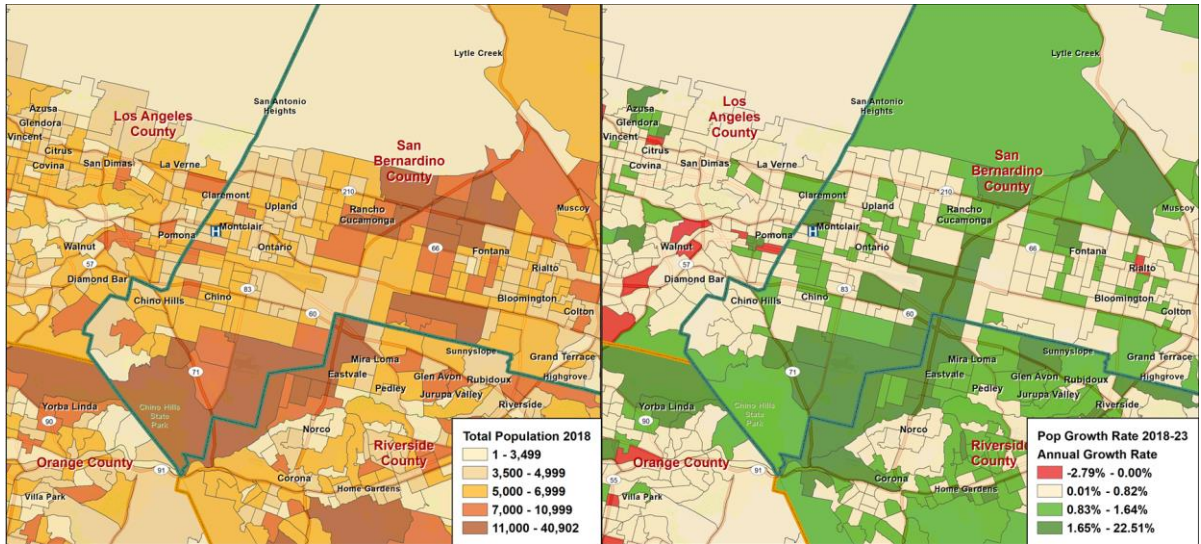
- The population of San Bernardino County is projected to decrease from 2018 to 2023 (0.83% per year). California is projected to increase 0.82% per year. The U.S. is projected to increase 0.83% per year.
- San Bernardino County had a lower median age (32.9 median age) than CA at 36.2 and the U.S. at 38.3. San Bernardino County percentage of the population 65 and over was 11.4%, lower than the U.S. population 65 and over at 16%.
- San Bernardino County had lower median household income at \$59,893 than CA (\$69,051) but higher than the U.S. (\$58,100). The rate of poverty in San Bernardino County was 16% which was higher than CA (13.3%) and the U.S. (13.4%).
- The household income distribution of San Bernardino County was 28% higher income (over \$100,000), 53% middle income and 19% lower income (under \$24,999).
- The medical care index measures how much the populations spent out-of-pocket on medical care services. The U.S. index was 100. San Bernardino County was 95, indicating 5% less spent out of pocket than the average U.S. household on medical care (doctor's office visits, prescriptions, hospital visits).
- The racial and ethnic make-up of San Bernardino County was 54% white, 9% black, 1% American Indian, 7% Asian/Pacific Islander, 24% other, 6% Mixed race and 54% Hispanic Origin. These numbers total to over 100% due to Hispanic being an ethnicity and not a race.



## 2018 Population by Census Tract and Change (2018-2023)



Source: ESRI



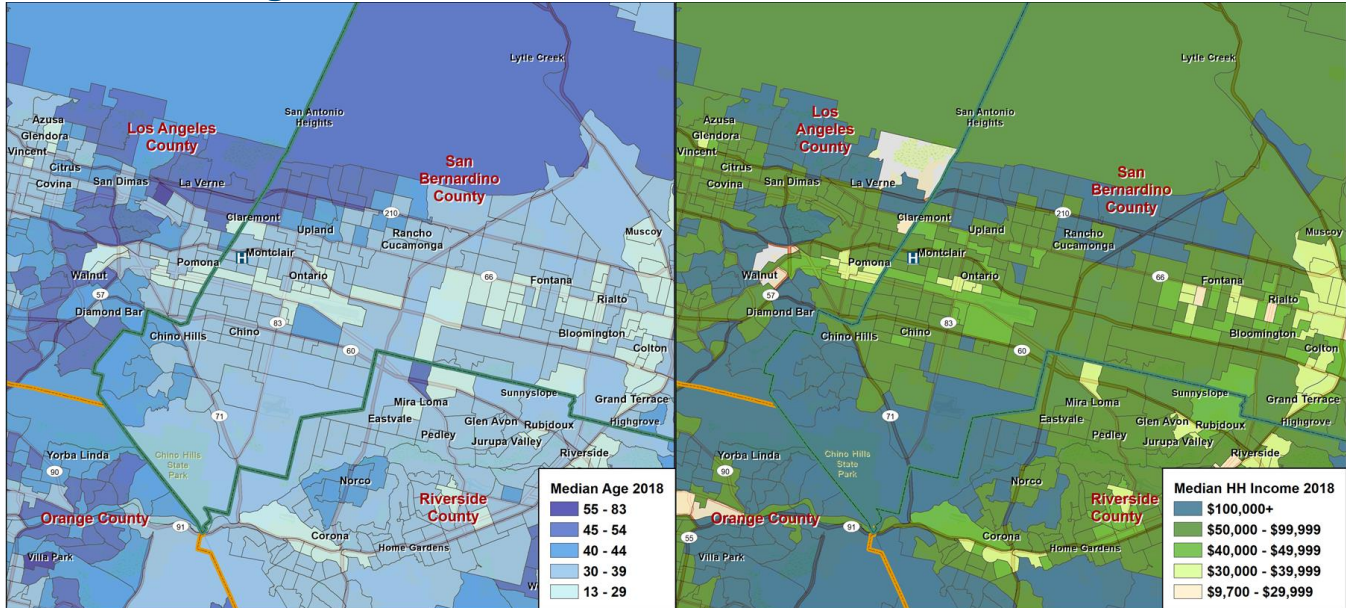
Census tracts generally have a population size between 1,200 and 8,000 people, with an optimum size of 4,000 people.

Census tracts in San Bernardino County ranged between 1 - 3,499 population and 11,000 to 40,902 population. The most populated census tracts are in the southwest of the county with the east being more rural containing the Mojave National Preserve.

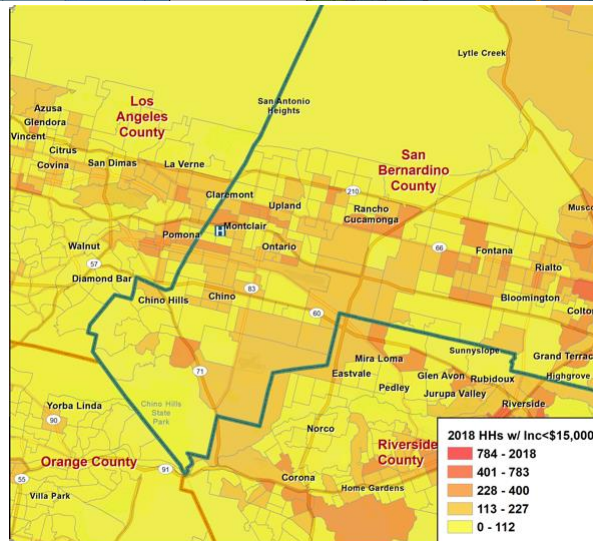
San Bernardino County's population was projected to decrease from 2018 to 2023, by 0.83% per year. However, there were 3 tracts projected to decrease in population, north of Victorville, south of Twentynine Palms and one in Rialto.



## 2018 Median Age & Income



Source: ESRI



These maps depict median age and median income by census tract. Looking at age and income by census tract is helpful to demonstrate all areas of a county are not the same. The health needs may be very different in the census along I-10 with median ages of 13-29 and and the census tracts north of Upland and Claremont with median ages of 45-54.

Looking at median household income by census tract also gives insight into health status. The lower income areas may require more assistance than the higher income tracts. The northern tracts around Rancho Cucamonga have higher incomes and the tracts south of Ontario have lower incomes.

The lower map is the number of households making less than \$15,000 per year. Again further attempting to identify those areas within the county that may have lower health status. The census tracts north and south of Montclair have higher numbers of households making less than \$15,000 per year.

## Demographics, cont.

Additionally, San Bernardino County's April 2019 preliminary unemployment was 3.6% compared to 4.3% for California and 3.6% for the U.S. These figures do not include those who have ceased looking for work and dropped out of the workforce. However, indications are these people have begun to reenter the workforce.

The cost of living in San Bernardino County is higher than the U.S., but lower than CA.

	San Bernardino County	California	USA
Overall	128.1	168.6	100
Grocery	100.4	107.2	100
Housing	181.1	293.1	100
Median Home Cost	\$332,600	\$548,600	\$219,700
Utilities	109.7	102.4	100
Transportation	121.7	146.5	100
Miscellaneous	100.9	103.7	100

Source: [www.bestplaces.net/cost\\_of\\_living/county/California/San\\_Bernardino](http://www.bestplaces.net/cost_of_living/county/California/San_Bernardino) 100 = national average

## Business Profile

55.3% percent of employees in San Bernardino County were employed in:

- Retail trade (15.8%)
- Health care & social assistance (12.2%)
- Accommodation & food services (10.4%)
- Education services (9.9%)
- Manufacturing (7.0%)

Source: *ESRI*

Retail and accommodation and food service jobs offer health insurance at a lower rate than manufacturing, healthcare, and educational services. San Bernardino County loses 69,307 net commuters per day commuting into the county for work, with 237,882 commuting out of the county and 168,575 commuting into the county.

Source: *US Census Bureau, American Community Survey (2009-2013)*

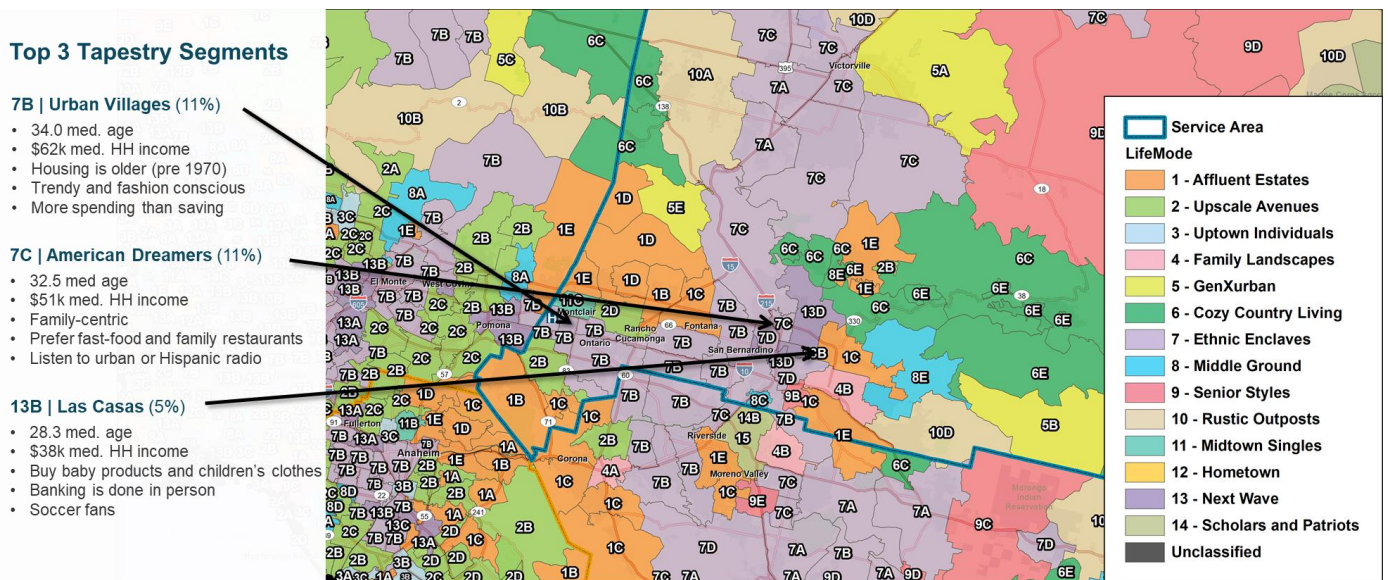
It is beneficial to contact people in groups to improve health. There are three primary places people gather during the week, work, church and school. These are three excellent places to reach people to create a culture of health.

## Tapestry Segmentation

Demographics include population, age, sex, race, for example. Psychographics are adding behavior data in the form of spending habits and survey data on top of demographics. 27% of San Bernardino County are included in three Tapestry Segments. The map below is color coded by LifeMode, which are groupings of Tapestry Segments that behave similarly.

The dominant Tapestry Segments in the county was Urban Villages (11%), American Dreamers (11%), and Las Casas (9%). The map below demonstrates the dominant Tapestry Segment by census tract.

There is a very brief description of the segments on the right of the map. There is much more information on Tapestry Segments, at <http://doc.arcgis.com/en/esri-demographics/data/tapestry-segmentation.htm>. Studying the Tapestry Segments in the study area helps determine health habits and communication preferences of residents enabling more effective communication and implementation of solutions to improve health. Many spoke of meeting people where they are in the focus groups and interviews. Studying their Tapestry Segment can help do that.



Source: ESRI



# Tapestry Segmentation, cont.



LifeMode Group: Ethnic Enclaves

## Urban Villages

7B

Households: 1,319,200

Average Household Size: 3.78

Median Age: 34.0

Median Household Income: \$62,300

### WHO ARE WE?

*Urban Villages* residents are multicultural, multigenerational, and multilingual. Trendy and fashion conscious, they are risk takers. However, these consumers focus on their children and maintain gardens. They are well connected with their smartphones, but more likely to shop in person. Their favorite stores are as diverse as they are, Costco or Trader Joe's, Target or Macy's.

### OUR NEIGHBORHOOD

- Older homes (most built before 1970) are found in the urban periphery of large metropolitan markets.
- Married couples with children, and grandparents; many households are multigenerational (Index 322). Average household size is 3.78.
- Homes are older, primarily single family, with a higher median value of \$325,100 (Index 157) and a lower vacancy rate of 4.7%.

### SOCIOECONOMIC TRAITS

- Multicultural market including recent immigrants (Index 277) and some language barriers (Index 289).
- Education: more than half the population aged 25 or older have a high school diploma or some college.
- Labor force participation rate higher than the US, but so is the unemployment rate at 6.2%.
- Brand conscious but not necessarily brand loyal; open to trying new things.
- Status-conscious consumers; choices reflect their youth—attention to style and pursuit of trends.
- Comfortable with technology and interested in the latest innovations.



LifeMode Group: Ethnic Enclaves

## American Dreamers

7C

Households: 1,824,900

Average Household Size: 3.19

Median Age: 32.5

Median Household Income: \$50,900

### WHO ARE WE?

Located throughout the South and West, most *American Dreamers* residents own their own homes, primarily single-family housing—farther out of the city, where housing is more affordable. Median household income is slightly below average (Index 91). The majority of households include younger married-couple families with children and, frequently, grandparents. Diversity is high; many residents are foreign born, of Hispanic origin. Hard work and sacrifice have improved their economic circumstance as they pursue a better life for themselves and their family. Spending is focused more on the members of the household than the home. Entertainment includes multiple televisions, movie rentals, and video games at home or visits to theme parks and zoos. This market is connected and adept at accessing what they want from the Internet.

### OUR NEIGHBORHOOD

- *American Dreamers* residents are family-centric and diverse. Most are married couples with children of all ages or single parents; multigenerational homes are common (Index 201).
- Average household size is higher at 3.19 (Index 123).
- Residents tend to live further out from urban centers—more affordable single-family homes and more elbow room.
- Tenure is slightly above average with 64% owner occupancy; primarily single-family homes with more mortgages (Index 114) and slightly higher monthly costs (Index 115).
- Three quarters of all housing were built since 1970.
- Many neighborhoods are located in the urban periphery of the largest metropolitan areas across the South and West.
- Most households have one or two vehicles available and a longer commute to work.

### SOCIOECONOMIC TRAITS

- While nearly 17% have earned a college degree, the majority, or 63%, hold a high school diploma only or spent some time at a college or university.
- Unemployment is higher at 7.4% (Index 136); labor force participation is also higher at 66%.
- Most *American Dreamers* residents derive income from wages or salaries, but the rate of poverty is a bit higher in this market (Index 116).
- They tend to spend money carefully and focus more on necessities.
- They are captivated by new technology, particularly feature-rich smartphones.
- Connected: They use the Internet primarily for socializing but also for convenience, like paying bills online.



Note: The Index represents the ratio of the segment rate to the US rate multiplied by 100. Consumer preferences are estimated from data by GfR, MRI.

# Tapestry Segmentation, cont.



LifeMode Group: Next Wave

## Las Casas

13B

**Households:** 912,400

**Average Household Size:** 4.12

**Median Age:** 28.3

**Median Household Income:** \$38,300

### WHO ARE WE?

Cultural differences depict *Las Casas*, a family-oriented market distinguished by multigenerational households. Their spending reflects their children—baby food and furniture or children’s apparel—and convenience—fast food and family restaurants. Consumer choices also focus on personal style, as well as the latest trends and fashions. Although young and predominantly renters, this market is stable, affected more by immigration from abroad than local moves.

### OUR NEIGHBORHOOD

- Older neighborhoods, which can be found in the urban periphery of large metropolitan areas, primarily on the West Coast.
- Most of the housing built before 1960; 25% built before 1940.
- Housing a mix of single-family homes (less than half) and apartments, primarily in buildings with 2–4 units.
- Primarily renter-occupied homes, with an average rent of \$1,067 monthly.
- Family market, primarily married couples with children, but also a number of multigenerational households; average household size at 4.12.

### SOCIOECONOMIC TRAITS

- More than 40% of the population was born abroad (Index 327); 25% of the households have members who speak only Spanish (Index 558).
- Unemployment is high at 7.0%; labor force participation is average (Index 98).
- They’re trendy consumers who focus on style.
- Brand loyalty and environmentally safe products also guide purchasing choices, although these consumers are open to new products.
- They use but do not rely on technology.

### Focus Groups and Interview Results

Twenty-seven community stakeholders representing the broad interests of the community as well as representing low income, medically underserved and minority populations participated in two focus groups and one individual interview on July 17<sup>th</sup>, 2019 for their input into the community's health. Community participation in the focus groups and interviews represented a broad range of interests and backgrounds. Below is a summary of the 90-minute focus group discussions and the individual interviews.

#### 1. What is your definition of health?

- State of wellbeing – mind, body, spirit
- Mental, physical, spiritual wellbeing
- Wholistic
- Environmental
- Financial
- Active, exercise
- Secure – food, housing
- Kids playing outside
- Sanitary conditions – residence, hotels, apartments
- Crime stats – security and safe in your environment

#### 2. Generally, how would you describe the community's health?

- Struggling, needs a boost
- Poor, low
- Not all bad, some appear to be feeling better about life, trusting others more
- It's a poor community, low wages and health status reflects the community. Schools participate in the free and reduced-price lunch program.
- Grade C – both physical and emotional

#### 3. What are the biggest health or health care issues/concerns for San Bernardino County?

- Drugs and substance abuse – Methamphetamine, Ritalin, cocaine, alcohol
- Mental health - issues have increased across the board
- Financial issues and mental health contribute to homelessness
- Homelessness - 30% have mental or substance abuse issues, but 70% don't. Show more compassion.
- Homeless resources spread thin – Pomona has closed its homeless shelter, long waiting list for transitional housing. We have lower homeless population in the area than nearby towns.
- Chronic Diseases
  - Kidney failure
  - Diabetes
  - Respiratory issues – COPD, asthma
  - Hypertension
  - Hyperlipidemia (blood has too many lipids or fats, one type is cholesterol)
- Cost of housing – more than half of people pay half of their income for housing; lack of affordable housing
- Kids getting vaccinations
- Obesity/Nutrition – it's expensive to eat healthy, cheaper to eat fast food and more convenient than cooking. No major supermarkets. Food insecurity – fast food, cheap food
- Lack of exercise. Obesity – adults and kids.
- Access to healthcare

## Focus Group and Interview Results, cont.

### 3. What are the biggest health concerns or issues for San Bernardino County? (cont.)

- It's complicated – on the surface, the community looks healthy, but if one looks closer, find poorer health
- Lack of understanding of health issues, education
- Culture doesn't focus on education, generational. Get jobs out of high school. Don't have enough information or education on health. Use ER for healthcare

### 4. What are the most important health issues facing medically-underserved, low-income and minority populations?

- Transportation issues – having issues getting people to go for their physician follow-up appointments.
- Accessibility - some can't afford to miss work for doctor's appointment. Primary care not open on weekends or after 5, so people must take off work and can't afford to.
- Substance abuse – methamphetamine, opioids, marijuana
- ER visits for primary care because its "free"
- Different languages, communication issues – Vietnamese, Cambodian communities
- Economic strain creates emotional issues
- Homeless students

### 5. What are the most important health issues facing children/adolescents?

- Obesity/Childhood obesity – exercise and more likely poor diet, lots of fast food. Nutrition – easier to get McDonalds than healthy foods. Two parents working and cooking meals almost impossible
  - Diabetes
  - Teenagers are dealing with depression and mental health issues, even suicide
  - Technology is causing communication issues, can't communicate. Social media is promulgating bullying and negative comments. Technology also contributes to sedentary lifestyles.
  - Playgrounds are all locked up due to liability issues
  - Breastfeeding rates are low
  - Asthma
  - Allergies
  - Homeless kids – Montclair High has 400 homeless students
  - Not getting well checks
  - Vaccinations – lack of knowledge, lack of good information, word of mouth
  - Teenage pregnancy
  - Lack of supervision – parents, teachers, kids hanging out, single parents
  - Pressure from social media, phones, bullying resulting in low self-esteem, fear of missing out (FOMO)
  - Walking with headphones on while texting
-



## Focus Group and Interview Results, cont.

### 6. What are the most important health issues facing seniors?

- Dementia – age-related
- Loneliness – live alone, want their independence, lack of technology and connections, lack of support, at home with no ability to get out
- Depression
- Nutrition – following diets important for chronic diseases
- Falls
- Living longer and too frail to stay at home and nowhere to go, few nursing homes and assisted living is expensive
- Elderly neglect
- Access – transportation, no ability to get to the doctor, getting to doctors and pharmacy
- Inability to afford prescriptions. Noncompliance with medication
- Psych Holds – come to the ER and have nowhere to send them
- Geriatric psych patients, but also medically frail and can't get them treatment



*Photo Credit: San Bernardino County Regional Parks website*

## Focus Group and Interview Results, cont.

### 7. The community performed a CHNA in 2016 and identified priorities for health improvement

- a) Asthma
- b) Chronic obstructive pulmonary disease
- c) Diabetes
- d) Mental illness
- e) Obesity
- f) Substance abuse

### Are these still valid, the most important issues? What has changed the most related to health status in three years?

Still the same issues as 2016, still valid

#### Worse

- Homelessness
- Mental illness increasing
- Bullying at schools and through social media increasing. Increase in suicides for kids
- Lack of resources to meet all these needs. The population is growing and more people moving in. Many houses have two or three families living in them.
- Need more employment – lack of job opportunities. The further east you go, more jobs. Want more jobs in the area for higher skills.
- Obesity is getting worse. Transporting 700 lb. patients and obese patients every day.
- Add Sepsis
- More of them all – Population is growing
- Poor air quality
- Obesity leading to diabetes
- Mental illness worse
- Proposition 47 diminished penalties for possession of drugs, ability to incarcerate is diminished. Stealing for substance abuse problems.

### 8. What behaviors have the most negative impact on health?

- Electronics-kids playing games instead of going outside. Less mobility contributes to obesity.
  - Kids don't go outside
  - Bullying, peer pressure
  - Low self-esteem – social media, family dynamics
  - Adults work a lot with no time for exercise
  - Overeating - portion size, fast food
  - Noncompliance – diabetics and food choices
  - Support systems
  - Lack of discipline in all aspects of life
  - Instant gratification – quick results. If it is difficult to do, don't want to do it.
  - Entitlement mentality – owed something
  - Many issues are intertwined – babies born with drugs in their system taken away from the mother until recovered.
  - Combination of lots of these issues
  - Drug dependency
  - Avoiding healthcare until condition deteriorates
  - Cost of pharmaceuticals, hard to get drugs
  - Depending on Web MD and Google for health diagnosis
- .....

## Focus Group and Interview Results, cont.

### 9. What environmental factors have the most negative impact on health?

- Pollution, poor air quality resulting in chronic asthma. The ocean breeze pushes pollution into the mountain and into our area
- People living near 60 and 10, pollution. Traffic affects mental health.
- Air pollution is terrible, smog days level 3 and kids can't go outside Pesticides impacting air and water
- Parks are overrun by homeless
- Lots of parks and trails
- Not many walking trails or bike trails
- Not enough grocery stores for salads, and salads are expensive
- Heat – too hot to exercise and some can't afford air conditioning
- Pretty safe community – especially violent crime, proactive city – see areas of concern and pay attention
- The community is safe in the traditional sense. Police Department is very good. Some don't feel safe with younger people who dress a certain way, fear they're gang members when they're not.
- Safety defined as people believing they can prosper in a community is not as good.
- Environmental justice – those who live near I10, fumes and poor air

### 10. What do you think the barriers will be to improve health in the communities?

- Having everything delivered to home – food, groceries decreases getting out, movement and socialization
- Funding
- Liability – open the school playgrounds to increase play
- Lack of knowledge of available resources
- Human trafficking fear prevents kids walking, playing alone, sheltering kids and teens from harm
- Safety – some places don't feel safe, state of mine and homeless. Media attention makes us feel unsafe.
- Lack of outreach and resources – what can we do to help people
- Psych, homeless resources
- Not enough ambulances for transport
- Culture is hard to change
- Limited transportation for seniors, regular bus system
- Financial health
- Literacy levels
- There is a sliding scale for clinics, but some don't want to fill out the paperwork
- Immigration issues, language barriers, don't want to participate in public programs for fear of being barred from citizenship.
- Nearest VA 27 miles away
- Lack of jobs with a living wage

### 11. Where do members of the community turn for basic healthcare needs?

- ER
  - Clinics
  - Primary care physicians
  - Urgent care centers
- .....

## Focus Group and Interview Results, cont.

### 12. What community assets support health and wellbeing?

- Community Center – squash court, basketball court,
- Seniors at the community center – active, get transportation and meals
- Jamboree – community event at the park
- Clinics – Montclair Clinic treats primary care issues. City of Montclair partnership with the hospitals Chino and Montclair for clinic.
- Hospital and County provides flu vaccines
- Churches
- Hope for Home Shelter in Pomona
- Montclair Place – shops, movie theater, kid's play place
- MetroLink
- City Community Services – community center, senior center and youth center, parks and rec
- Lots of resources people don't know about
- Wonderful hospital, does a good job of partnering and outreach.
- Library is a cooling center in the summer
- Splash pad next to the skate park
- Nice parks, skate park, several parks – softball, baseball, soccer
- Nice city gym -can be used by the community
- Por la Vida – health and nutrition classes, also work to create emotional and spiritual health
- Integrated community, blended

### 13. What improvement activities should be a priority for San Bernardino County to improve health?

- Would like to see more communication on billboards about resources than cars
- Need to make people feel there are places to go for support and stability such as churches and hospital, healthcare. Try to reinforce their beliefs they have places to go to be safe.
- Bootcamp for kids in the evenings
- Kids Camp at Bethany Church more and longer
- Sports complex with indoor and outdoor facilities
- Transportation
- Community education – identified issues, small classes for diabetes to prevent progression to kidney failure
- Advertise the community center
- Mental health facilities – IP and OP
- Homeless work programs for food and hotel vouchers with support from the community and no “Not in my backyard.”
- Incentive for preventive health – coupons to see the doctor, convenient care
- Put public service announcements on homeless free phones on resources, health education, new job opportunities
- Job opportunities for kids
- Higher wages
- Education – general health, navigate the health system, diet, how to ask good questions of your doctor
- Outreach
- Mobile medical units to go to big gatherings, partner with Fire Departments, mid-levels, prescriptions
- School nurses need more resources and be able to intervene with students, need full-time nurses
- Three prisons in the area. People get out and don't know what medications they're on. Improve care.
- Cheaper, affordable, healthier food
- Meals on wheels for seniors
- Long-term mental health and substance abuse treatment facilities IP and OP.
- More safe places for teens or young adults to go and get out of their environment
- Job fair with skills training
- Financial education
- Life training, how to take care of kids, etc.





## Focus Group and Interview Results, cont.

### 13. What improvement activities should be a priority for San Bernardino County to improve health? (cont.)

- Learn delayed gratification and social skills
- Affordable childcare
- More outreach programs to have kids understand consequences, scared straight
- Homeless shelter that also takes families including males
- Focus on housing
- Find a way to reach out to the Asian community who are more guarded.



*Photo Credit: San Bernardino County Regional Parks website*

### Health Status Data

Based on the 2018 County Health Rankings study performed by the Robert Wood Johnson Foundation and the University of Wisconsin<sup>2</sup>, San Bernardino County ranked 42<sup>nd</sup> healthiest county in California out of the 58 counties ranked (1= the healthiest; 58 = unhealthiest), 38<sup>th</sup> for health outcomes and 47<sup>th</sup> for health factors.

County Health Rankings suggest the areas to explore for improvement in San Bernardino County were identified as higher adult smoking, higher adult obesity, higher percentage of uninsured, higher preventable hospital stays, lower percentages of mammography screening and flu vaccinations, lower high school graduation and adults with some college, higher percentage of children in poverty, lower rate of social associations, higher violent crime, higher air pollution, and higher severe housing problems. The areas of strength were identified as lower physical inactivity, lower unemployment, and lower injury deaths.

When analyzing the health status data, local results were compared to California, the U.S. (where available), and the top 10% of counties in the U.S. (the 90th percentile). Where San Bernardino County's results were worse than CA and U.S., groups and individuals have an opportunity to act and improve these community measures. To become the healthiest community in California and eventually the Nation, San Bernardino County must close several lifestyle gaps. For additional perspective, California was ranked the 12<sup>th</sup> healthiest state out of the 50 states (Source: 2018 America's Health Rankings). California strengths were low percentage of smoking, obesity, infant mortality, physical inactivity and low occupational fatality rate. California challenges were higher air pollution, low immunization coverage in children, disparity in health status, violent crime, and low Tdap immunization coverage among adolescents..

### Comparisons of Health Status

Information from County Health Rankings and America's Health Rankings was analyzed in the CHNA in addition to the previously reviewed information and other public health data. Other data analyzed is referenced in the bullets below, such as: causes of death, demographics, socioeconomics, consumer health spending, focus groups, and surveys. If a measure was equal to or better than California, it was generally identified as a strength, and where an indicator was worse than California, it was generally indicated an opportunity for improvement. To prevent strengths from becoming opportunities for improvement, it's important to continually focus on them. Opportunities were denoted with red symbols, and strengths were denoted with green stars for easy interpretation. The years displayed on the County Health Rankings graphs show the year the data was released. The actual years of the data are contained in the source notes below the graphs.

In most of the following graphs, San Bernardino County will be blue, California (CA) will be red, U.S. green and the 90th percentile of counties in the U.S. gold. \* indicates a change in the BRFSS Survey calculations of results. 2016 forward cannot be compared to prior year results.

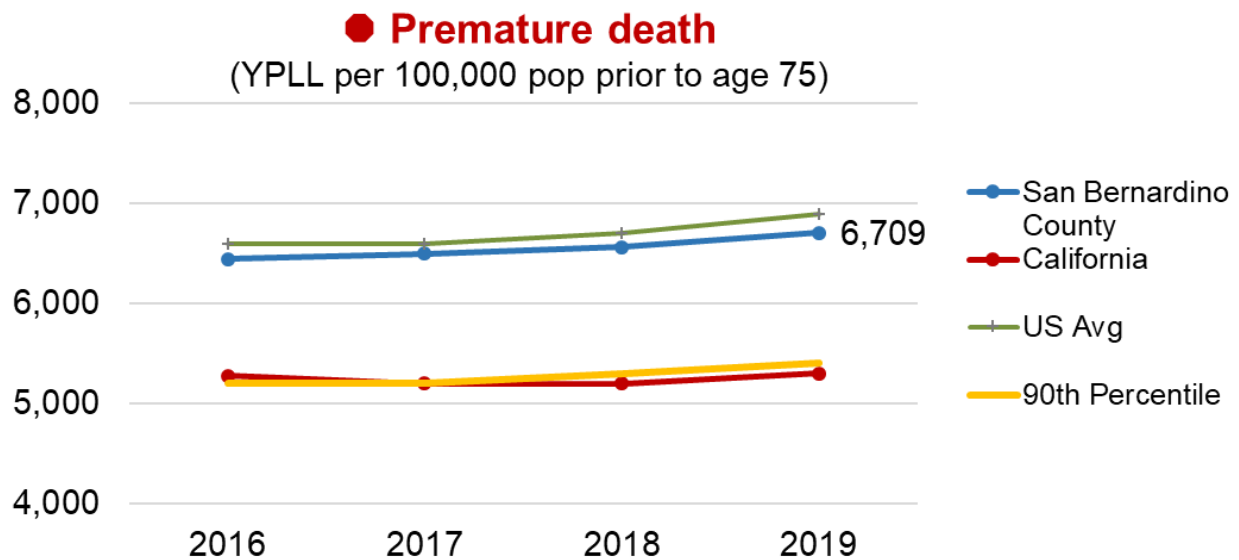
<sup>2</sup> The Rankings are based on a model of population health that emphasizes the many factors that, if improved, can help make communities healthier places to live, learn, work and play. Building on the work of America's Health Rankings, the University of Wisconsin Population Health Institute has used this model to rank the health of California's counties every year since 2003.

## Health Outcomes (Length of Life and Quality of Life)

Health Outcomes are a combination of length of life and quality of life measures. San Bernardino County ranked 29<sup>th</sup> in Health Outcomes out of 58 California counties.

### Length of Life

Length of life was measured by years of potential life lost per 100,000 population prior to age 75, lower is better. For example, if a 25-year-old is killed in an accident, that is 50 years of potential life lost prior to age 75. San Bernardino County ranked 33<sup>rd</sup> in length of life in CA. San Bernardino County lost 6,709 years of potential life per 100,000 population which was higher than CA, but lower than the U.S.



Source: County Health Rankings; National Center for Health Statistics – Mortality File 2015-2017



Photo Credit: San Bernardino County Regional Parks website

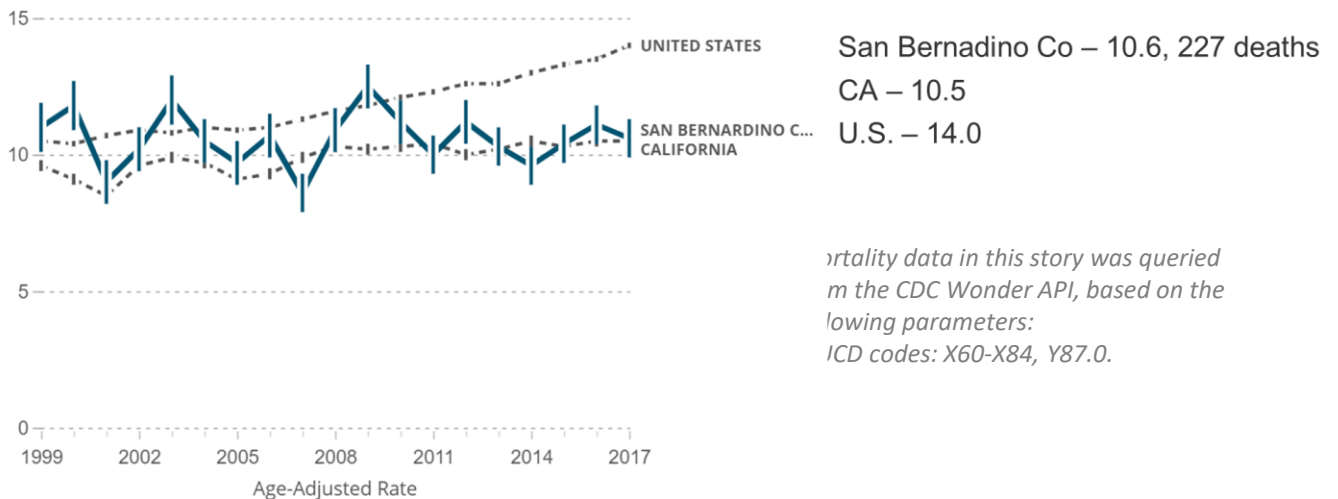
## Leading Causes of Death: Age-Adjusted Death Rates per 100,000

Cause of Death	San Bernardino County	California	US
Heart diseases	184.7	142.9	165.0
Cancer	152.1	136.7	152.5
Accidents (unintentional injuries)	35.8	33.1	49.4
Chronic Lower Respiratory diseases	50.2	32.2	40.9
Stroke	44.4	37.6	37.6
Alzheimer's Disease	46.3	37.1	31.0
Diabetes	21.2	16.4	21.5

Source(s): Wonder CDC.gov (2017) Age-adjusted rates per 100,000 population. San Bernardino County data from 2015-2017 combined. CA, US data from 2017. Rates that appear in red for a county denote a higher value compared to state data. Age Adjustment Uses 2000 Standard Population.

Red areas had death rates higher than CA. The leading causes of death in San Bernardino County were heart disease followed by cancer. Lagging as causes of death chronic lower respiratory diseases, Alzheimer's Disease, stroke, Accidents and Diabetes.

## Suicide Rates per 100,000 Population (age adjusted)

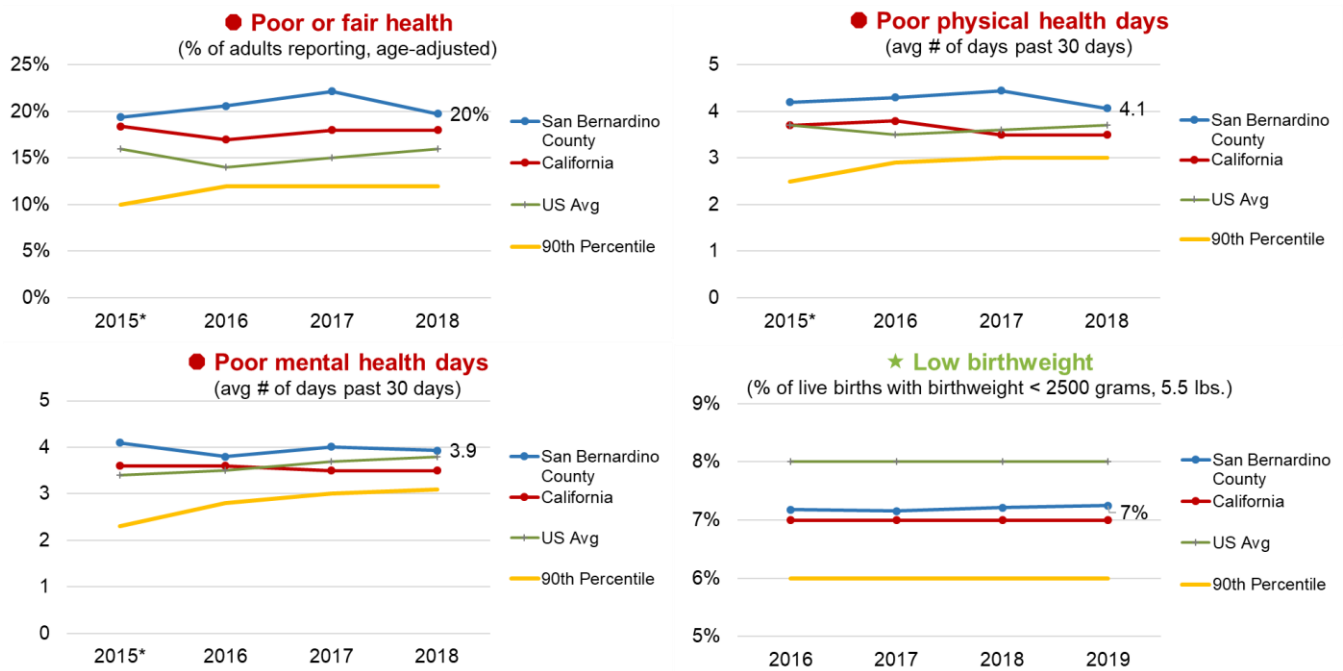


Suicide was mentioned as a concern in the focus groups. San Bernardino County's rate was 10.6 per 100,000 population which was slightly higher than CA at 10.5, but lower than the U.S. Youth suicide rates per 100,000 age 15-24 at 7.4 were lower than CA at 7.9 and the U.S. at 9.9.



## Quality of Life

Quality of life was measured by: % reporting fair or poor health, the average number of poor physical health days and poor mental health days in the past 30 days, and % of live births with birthweight less than 2500 grams, or 5.5 lbs. San Bernardino County ranked 51<sup>st</sup> in California for quality of life.



Source: County Health Rankings; Behavioral Risk Factor Surveillance System (BRFSS) 2016 Source: County Health Rankings; National Center for Health Statistics – Natality files (2011-2017)

## Quality of Life STRENGTHS

- San Bernardino County had a similar percentage of low birthweight babies at 7% as CA and lower than the U.S. at 8%.

## Quality of Life OPPORTUNITIES

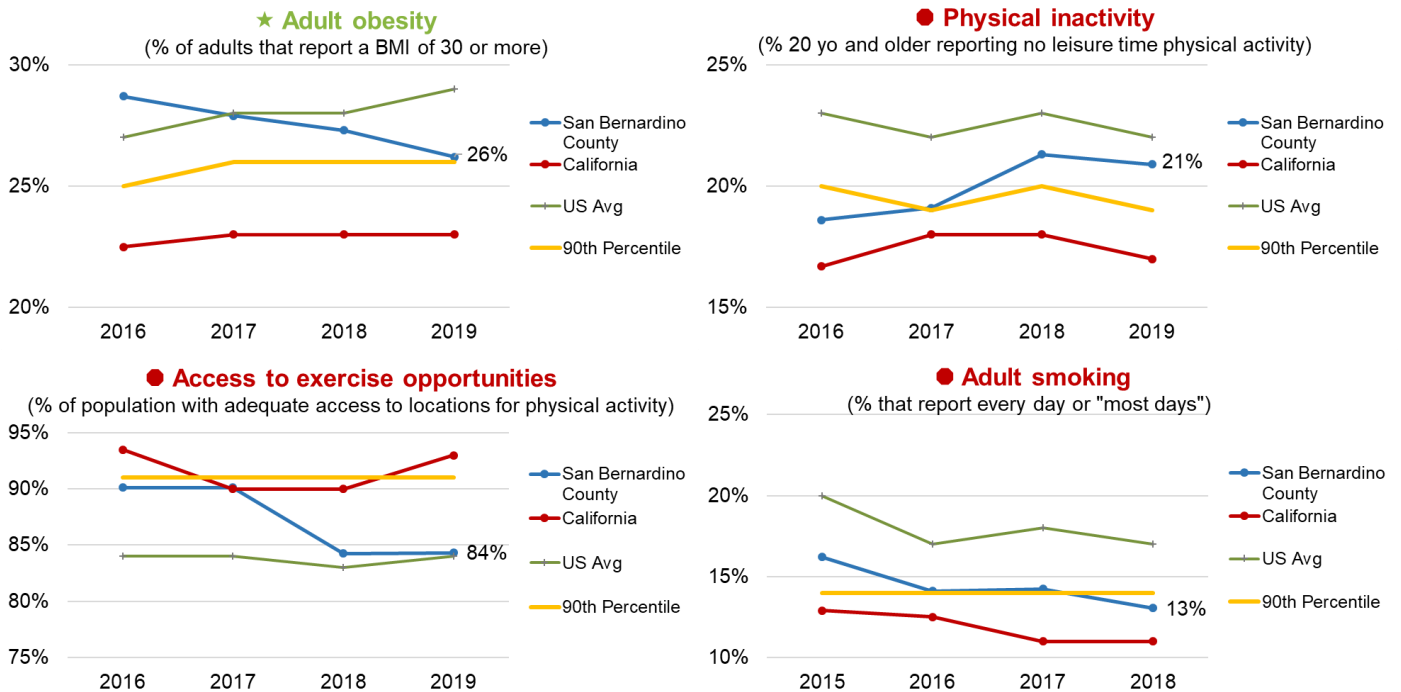
- San Bernardino County had a higher death rate for heart disease, cancer, accidents, respiratory diseases, stroke, Alzheimer’s Disease, and diabetes than CA. San Bernardino County had the same percentage of adults reporting poor or fair health as CA, 17%.
- San Bernardino County had a higher percentage of adults reporting poor or fair health at 20% than CA.
- San Bernardino County had a higher number of poor physical health days in the past 30 days at 4.1 than CA.
- San Bernardino County had an average of 3.9 poor mental health days in the past 30 days, higher than CA at 3.5, and the U.S. at 3.8.

## Health Factors or Determinants

Health factors or determinants rankings are comprised of measures related to health behaviors (30%), clinical care (20%), social & economic factors (40%), and physical environment (10%). San Bernardino County ranked 47<sup>th</sup> out of 58 California counties for health factors.

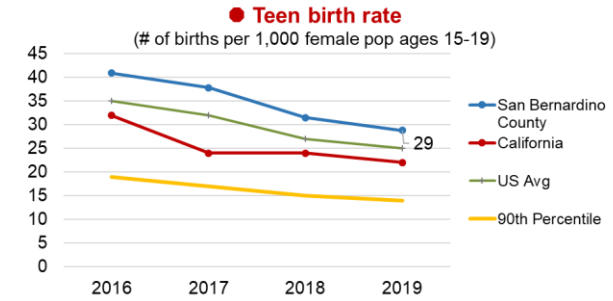
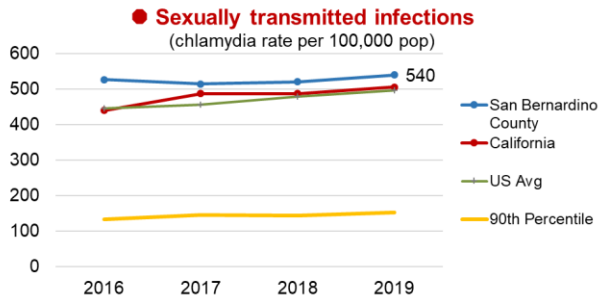
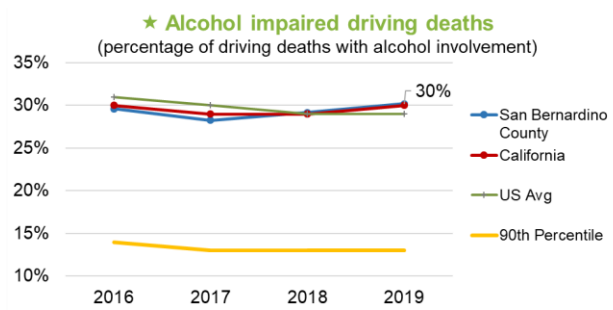
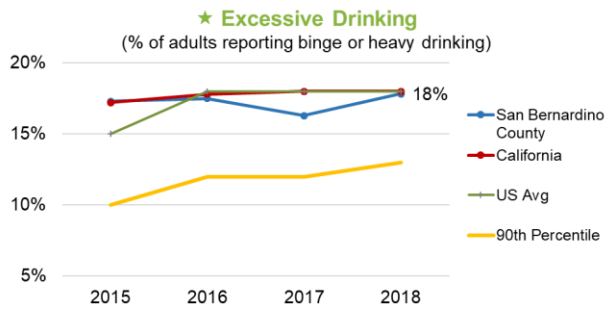
## Health Behaviors

Health behaviors are made up of nine measures and account for 30% of the county rankings. San Bernardino County ranked 35<sup>th</sup> out of 58 counties in California.

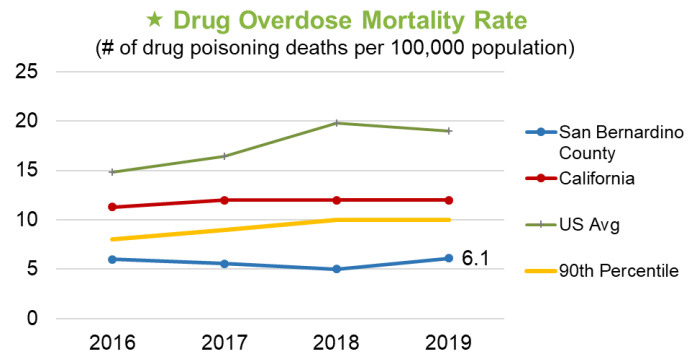
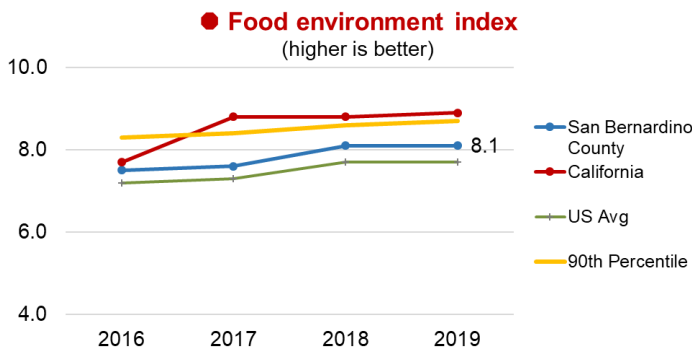


Source: Obesity, physical inactivity - County Health Rankings; CDC Diabetes Interactive Atlas based on responses to BRFSS and Census Bureau's population estimates program, 2015 Source: Access to exercise opportunities - County Health Rankings; ArcGIS Business Analyst, Delorme map data, Esri and U.S. Census Tigerline Files, 2010 and 2018. Measures the percentage of individuals in a County who live reasonably close to a location for physical activity, defined as parks or recreational facilities (local, state national parks, gyms, community centers, YMCAs, dance studios and pools based on SIC codes) Source: Smoking - County Health Rankings; Behavioral Risk Factor Surveillance System (BRFSS), 2016

## Health Behaviors, Cont.



Source: Excessive drinking - County Health Rankings; Behavioral Risk Factor Surveillance System (BRFSS), 2016 Source: Alcohol-impaired driving deaths - County Health Rankings; Fatality Analysis Reporting System, 2013-2017 Source: STIs - County Health Rankings; National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, 2016 Source: Teen birth rate – County Health Rankings; National Center for Health Statistics – Natality files, 2011-2017



Source: Food environment: County Health Rankings; USDA Food Environment Atlas, Map the Meal Gap from Feeding America, 2015 & 2016; Drug overdose rate: CDC WONDER mortality data, 2015-2017

The food environment index is comprised of % of the population with limited access to healthy foods and % of the population with food insecurity. Limited access to foods estimates the % of the population who are low income and do not live close to a grocery store. Food insecurity is the % of the population who did not have access to a reliable source of food during the past year.

## Health Behaviors, Cont.

### The Impact of E-Cigarettes on the Lung

Following excerpt taken from American Lung Association website, [www.lung.org](http://www.lung.org), “The Impact of E-Cigarettes on the Lung”

“In January 2018, the National Academies of Science, Engineering and Medicine<sup>1</sup> released a consensus study report that reviewed over 800 different studies.

That report made clear: using e-cigarettes causes health risks. It concluded that e-cigarettes both contain and emit a number of potentially toxic substances. The Academies' report also states there is moderate evidence that youth who use e-cigarettes are at increased risk for cough and wheezing and an increase in asthma exacerbations.

A study from the University of North Carolina found that the two primary ingredients found in e-cigarettes—propylene glycol and vegetable glycerin—are toxic to cells and that the more ingredients in an e-liquid, the greater the toxicity.<sup>2</sup>

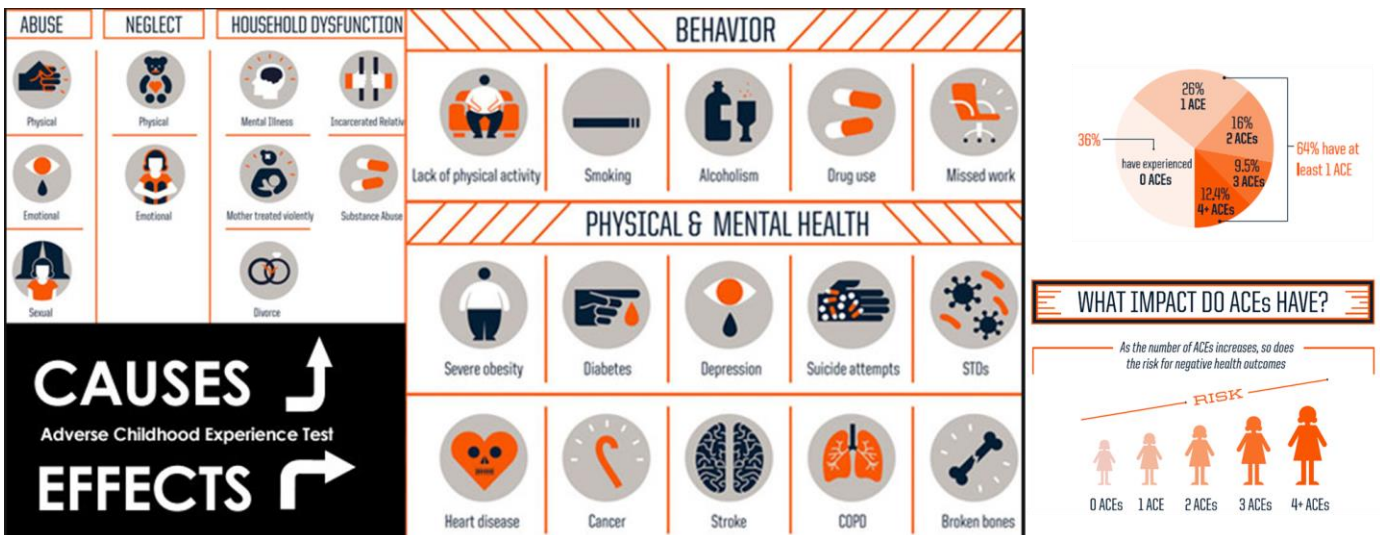
E-cigarettes produce a number of dangerous chemicals including acetaldehyde, acrolein, and formaldehyde. These aldehydes can cause lung disease, as well as cardiovascular (heart) disease.<sup>3</sup>

E-cigarettes also contain acrolein, a herbicide primarily used to kill weeds. It can cause acute lung injury and COPD and may cause asthma and lung cancer.<sup>4</sup>”

1. NAM Report - <https://www.nap.edu/resource/24952/012318ecigaretteConclusionsbyEvidence.pdf>
2. Sassano MF, Davis ES, Keating JE, Zorn BT, Kochar TK, Wolfgang MC, et al. (2018) Evaluation of e-liquid toxicity using an open-source high-throughput screening assay. PLoS Biol 16(3): e2003904. <https://doi.org/10.1371/journal.pbio.2003904>
3. Ogunwale, Mumiye A et al. (2017) Aldehyde Detection in Electronic Cigarette Aerosols. ACS omega 2(3): 1207-1214. doi: 10.1021/acsomega.6b00489].
4. Bein K, Leikauf GD. (2011) Acrolein - a pulmonary hazard. Mol Nutr Food Res 55(9):1342-60. doi: 10.1002/mnfr.201100279.

### Adverse Childhood Experiences (ACEs)

Abuse, neglect and household dysfunction have the effect of poor health behaviors as well as poor physical and mental health. The more ACEs a child has the higher risk they are for poor outcomes





## Health Behaviors STRENGTHS

- Adult obesity in San Bernardino County was 26%, higher than CA (23%) but lower than the U.S. (29%), and at the 90<sup>th</sup> percentile of all counties in the U.S. Obesity in California and the U.S. continue to rise, putting people at increased risk of chronic diseases including: diabetes, kidney disease, joint problems, hypertension and heart disease. Obesity in San Bernardo has been declining. Obesity can cause complications in surgery and with anesthesia. It has been implicated in Alzheimer’s and often leads to metabolic syndrome and type 2 diabetes.
  - 18% of San Bernardino County reported binge or heavy drinking, the same as the U.S. and lower than CA (19%).
  - Alcohol impaired driving deaths in San Bernardino County (30%) was the same as CA (30%) and higher than the U.S. (29%).
  - The number of drug poisoning deaths per 100,000 population was 6.1 in San Bernardino County, lower than California at 12 and the U.S. at 19.
- 

## Health Behaviors OPPORTUNITIES

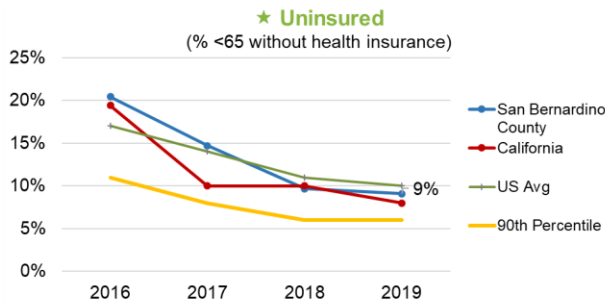
- Physical inactivity was higher in San Bernardino County at 21% than in CA at 17% and the U.S. at 22%.
  - Adult smoking in San Bernardino County was 13%, higher than CA (11%), but lower than the U.S. (17%).
  - Access to exercise opportunities in San Bernardino County was 84%, lower than CA at 93% and the same as than the U.S. at 84%.
  - Sexually transmitted infections measured by chlamydia rate per 100,000 population were higher in San Bernardino County (540) than CA (506), and the U.S. (497).
  - The teen birth rate in San Bernardino County was 31 births per 1,000 female population ages 15-19, higher than CA at 29 births and the U.S. at 25 births. The teen birth rate trended downward since 2015 for San Bernardino County, California and the U.S.
  - The food environment index in San Bernardino County was 8.1, lower than CA (8.7), but higher than the U.S. (7.7).
- 



Photo Credit: San Bernardino County Regional Parks website

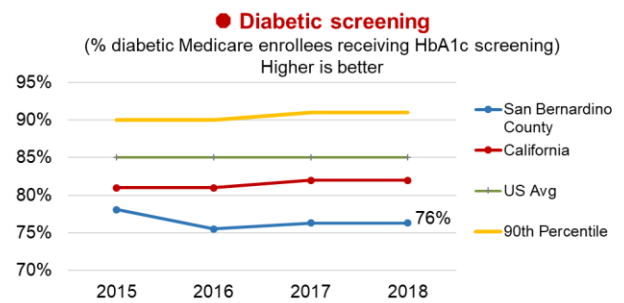
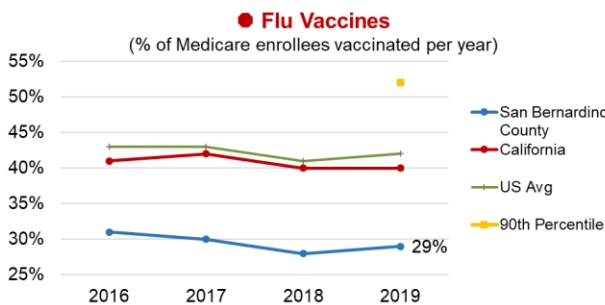
## Clinical Care

Clinical care ranking is made up of seven indicators (does not include diabetes), and account for 20% of the county rankings. San Bernardino County ranked 56<sup>th</sup> out of 58 California counties in clinical care.



**● Preventable hospital stays**  
(hospitalization rate for ambulatory-sensitive conditions per 100,000 Medicare enrollees)

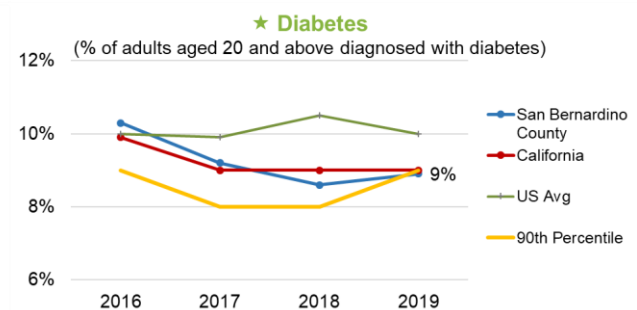
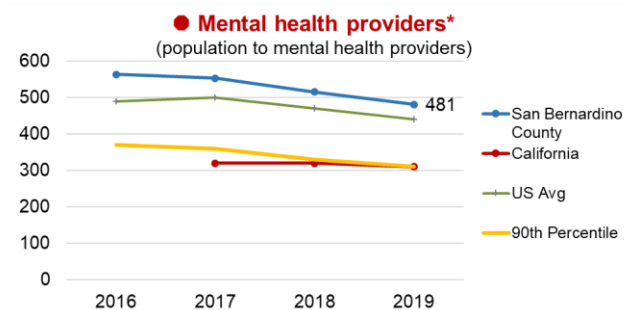
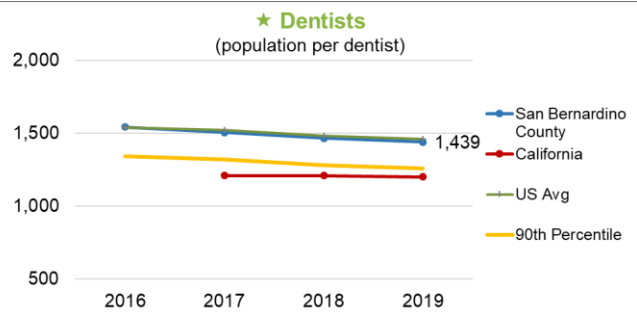
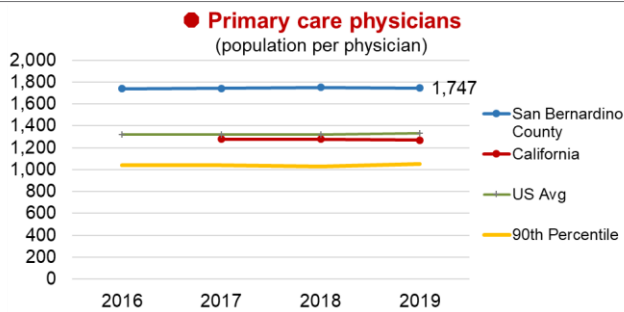
2019	
San Bernardino County	4,519
California	3,507
US Avg	4,648
90th Percentile	2,765



Source: Uninsured - County Health Rankings; Small Area Health Insurance Estimates, 2016

Source: Preventable hospital stays, mammography screening – County Health Rankings, CMS Mapping Medicare Disparities Tool, 2016

Source: diabetic screening - County Health Rankings; Dartmouth Atlas of Health Care, Medicare claims data, 2016



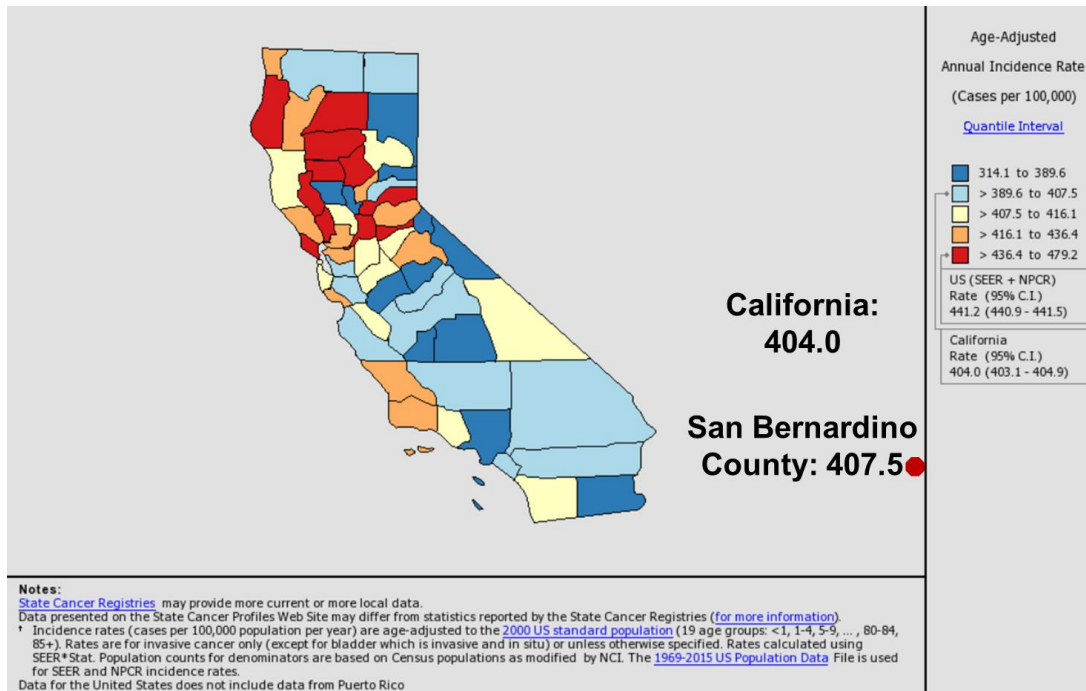
Source: Pop to PCP - County Health Rankings; Area Health Resource File/American Medical Association, 2016

Source: Pop to Dentists - County Health Rankings; Area Health Resource File/National Provider Identification file, 2017

Source: Pop to mental health provider (psychiatrists, psychologists, licensed clinical social workers, counselors, marriage and family therapists and advanced practice nurses specializing in mental health) County Health Rankings; CMS, National Provider Identification, 2018

## Clinical Care, cont.

### Cancer Incidence Rates – CA Counties



## Clinical Care STRENGTHS

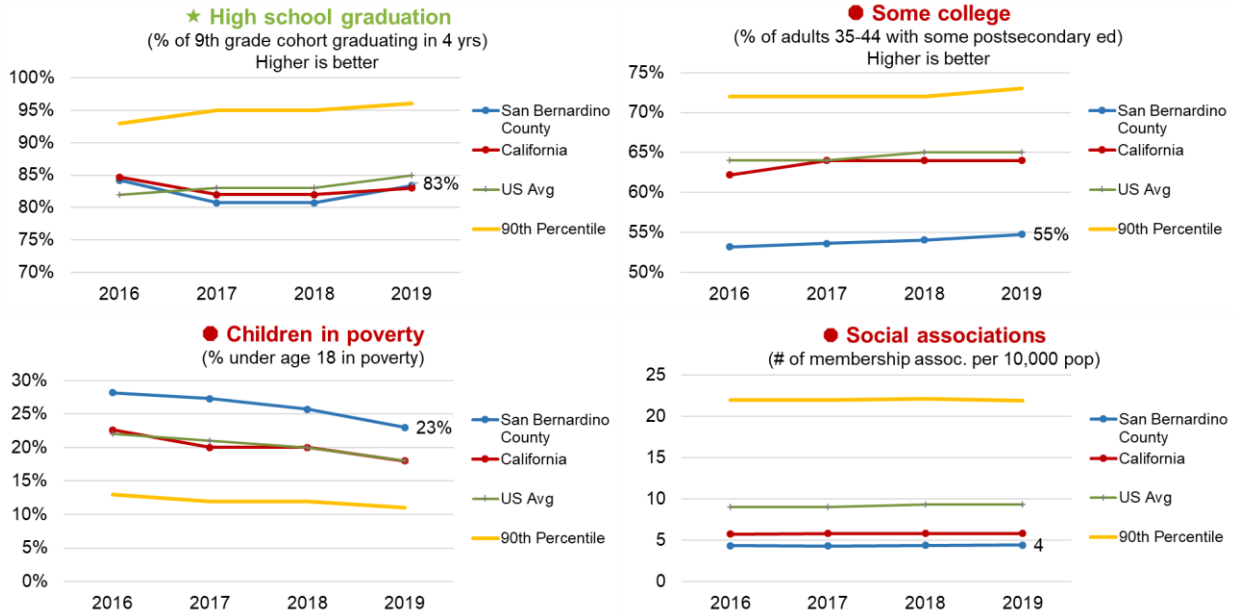
- The percent of population under sixty-five without health insurance was 9% in San Bernardino County, higher than CA at and 8%, but lower than the U.S. at 10%. The uninsured percentage trended downward since 2015 for San Bernardino County, California and the U.S.
- Preventable hospital stays in San Bernardino County were 5,519 per 100,000 Medicare enrollees which was higher than CA (3,507) but lower than the U.S. (4,648).
- The percent of Medicare enrollees with flu vaccines in San Bernardino County was 29%, lower than CA at 40% and the U.S. at 42%.
- Diabetic screening (for Medicare enrollees) was lower in San Bernardino County at 76% than CA (82%) and the U.S. (85%)
- Mammography screening was the same in San Bernardino County (41%) as CA, and higher than the U.S. (40%). The population per dentists was higher in San Bernardino County than CA and the U.S. at 3,322.
- The population per dentists was higher in San Bernardino County than CA but the same as the U.S. at 1,439.

## Clinical Care OPPORTUNITIES

- The percent of Medicare enrollees with flu vaccines per year was lower in San Bernardino County at 41% than CA at 47% and the U.S. at 42%.
- The cancer incidence rate in San Bernardino County was 407.5 cases per 100,000 population which was slightly higher than CA (404).
- The percentage of adults with diabetes in San Bernardino County was 9%, the same than CA and lower than the U.S. at 10%.
- The population per primary care physician was higher in San Bernardino County than CA and the U.S. at 1,747.
- The population per mental health providers was higher in San Bernardino County than CA and the U.S. at 481.

## Social & Economic Factors

Social and economic factors account for 40% of the county rankings. There are eight measures in the social and economic factors category. San Bernardino County ranked 32<sup>nd</sup> out of 58 California counties.

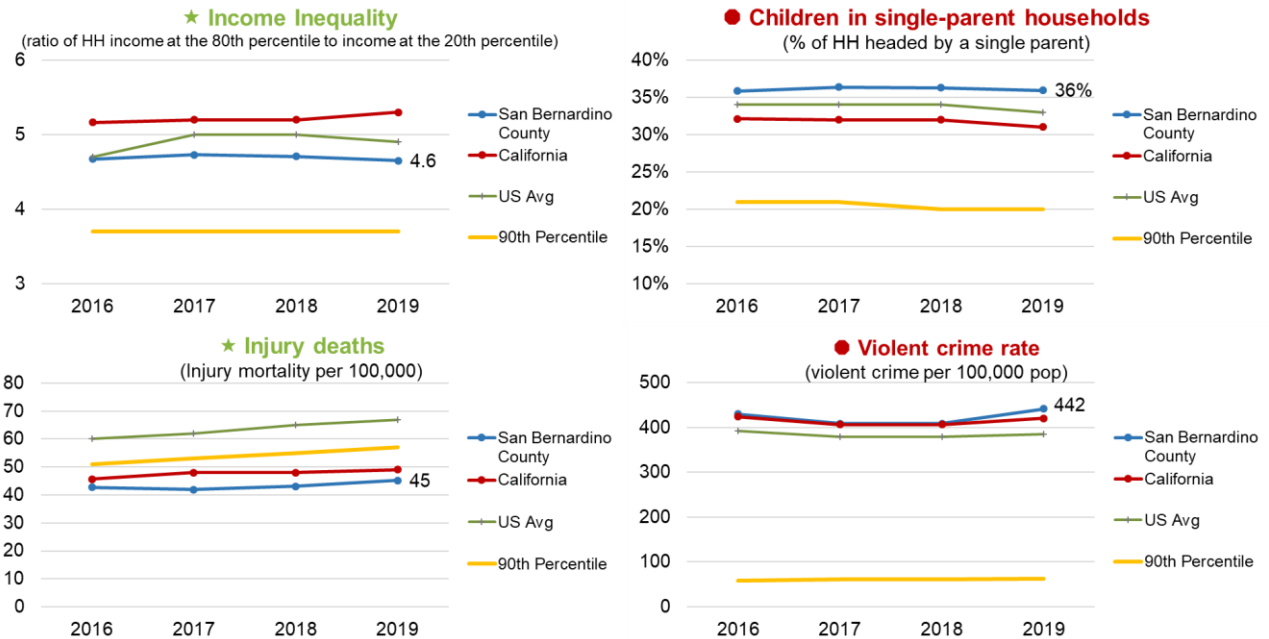


Source: High school graduation – County Health Rankings; CA Dept of Public Instruction, 2016-2017

Source: Some college - County Health Rankings; American Community Survey, 5-year estimates, 2013-

2017. Source: Children in poverty - County Health Rankings; U.S. Census, Small Area Income and Poverty

Estimates, 2017 Source: Social associations - County Health Rankings; County Business Patterns, 2016



Source: Income inequality and children in single-parent households - County Health Rankings; American Community Survey, 5-year estimates 2013-2017. Source: Injury deaths – County Health Rankings; CDC WONDER mortality data, 2013-2017. Source: Violent crime - County Health Rankings; Uniform Crime Reporting – FBI, 2014 & 2016



## Social & Economic Factors STRENGTHS

- The high school graduation rate in San Bernardino County was the same as CA at 83% and slightly lower than the U.S. at 85%.
  - Income inequality represents the ratio of household income at the 80<sup>th</sup> percentile compared to income at the 20<sup>th</sup> percentile. Income inequality was lower in San Bernardino County at 4.6 than CA and the U.S. both at 5.
  - Injury deaths in San Bernardino County were 72 per 100,000 population, lower than CA at 82, but higher than the U.S. at 67.
- 

## Social & Economic Factors OPPORTUNITIES

- 55% of San Bernardino County adults had some postsecondary education which was lower than CA and the U.S. both at 65%.
  - The percentage of children in single-parent households was 36% in San Bernardino County which is lower than CA at 31% and the U.S. at 33%.
  - The children in poverty rate was higher for San Bernardino County (23%) than CA and the U.S. both at 18%.
  - Social associations were lower in San Bernardino County at 4 memberships per 10,000 population than CA at 6 and the U.S. at 9 memberships. Associations include membership organizations such as civic organizations, bowling centers, golf clubs, fitness centers, sports organizations, religious organizations, political organizations, labor organizations, business organizations, and professional organizations.
  - The violent crime rate in San Bernardino County was 442 violent crimes per 100,000 population which was higher than in CA at 421 and the U.S. at 386.
  - The median household income in San Bernardino County at \$59,893 was lower than CA (\$69,051) but higher than the U.S. at \$58,100.
  - The poverty estimates for 2017 has poverty in San Bernardino County at 16.0%, higher than CA (13.3%) and the U.S. (13.4%).
  - The cost of living in San Bernardino County was higher than the U.S., but lower than the U.S.
- 



*Photo Credit: San Bernardino County Regional Parks website*

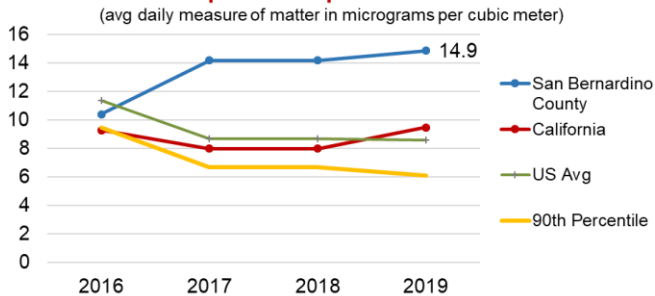
## Physical Environment

Physical environment contains four measures in the category and accounts for 10% of the County rankings. San Bernardino County ranked 55<sup>th</sup> out of 58 California counties in physical environment.

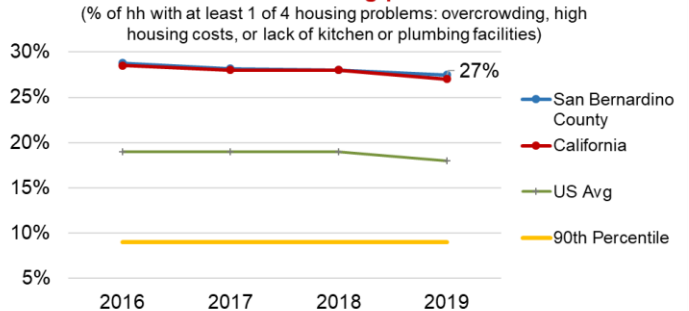
### ● Drinking water violations

	2016	2017	2018
San Bernardino County	Yes	Yes	Yes

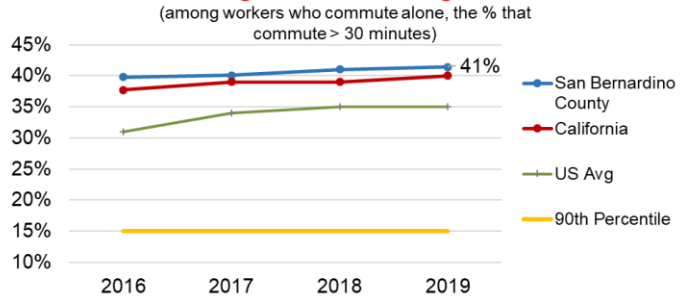
### ● Air pollution - particulate matter



### ● Severe housing problems



### ● Long commute- driving alone



Source: Drinking water violations – County Health Rankings; EPA, Safe Drinking Water Information System, 2017. Source: Severe housing problems – County Health Rankings; HUD Comprehensive Housing Affordability Strategy data, 2011-2015. Source: Driving alone to work and long commute – County Health Rankings: American Community Survey, 5-year estimates, 2013-2017. Source: Air pollution – County Health Rankings: CDC National Environmental Health Tracking Network, 2014

## Physical Environment OPPORTUNITIES

- San Bernardino County had drinking water violations in all three years studied.
- San Bernardino County had the same percentage of severe housing problems than CA at 27% but less than the U.S. at 12%.
- Air pollution measured as the average daily measure of matter in micrograms per cubic meter was 11.3 in San Bernardino County, lower than CA at 12, but higher than the U.S. at 9.
- 41% of workers in San Bernardino County commute alone commute over 30 minutes which was higher than CA at 40% and the U.S. at 35%.

## There were Four Broad Themes that Emerged in this Process:

- San Bernardino County needs to create a “Culture of Health” which permeates throughout the towns, employers, churches, and community organizations to engender commitment to health improvement.
  - There is a direct relationship between health outcomes and affluence (income and education). Those with the lowest income and education generally have the poorest health outcomes.
  - While any given measure may show an overall good picture of community health, subgroups such as the lower income census tracts may experience lower health status measures.
  - It will take a partnership with a wide range of organizations and citizens pooling resources to meaningfully impact the health of the community. However, San Bernardino County has many assets to improve health.
- 



*Photo Credit: San Bernardino County Regional Parks website*

# Results of the CHNA: Prioritized Health Needs, Brainstormed Goals and Actions

## Prioritization of Health Needs

### Prioritization Criteria

At the Community Health Summit, the attendees reviewed the community health information and used the criteria below to prioritize the health needs in the community..

<p><b>Magnitude / scale of the problem</b></p>	<p>How big is the problem? How many people does the problem affect, either actually or potentially? In terms of human impact, how does it compare to other health issues?</p>
<p><b>Seriousness of Consequences</b></p>	<p>What degree of disability or premature death occurs because of this problem? What would happen if the issue were not made a priority? What is the level of burden on the community (economic, social or other)?</p>
<p><b>Feasibility</b></p>	<p>Is the problem preventable? How much change can be made? What is the community's capacity to address it? Are there available resources to address it sustainably? What's already being done, and is it working? What are the community's intrinsic barriers and how big are they to overcome?</p>



*Photo Credit: San Bernardino County Regional Parks website*



## Most Significant Community Health Needs

The following needs were prioritized by attendees at the Community Health Summit. Using a nominal group technique, each attendee received three sticky notes and selected their top three health needs and posted their ideas on paper at the front of the room. The results of the activity are below with higher numbers indicating the number of “votes” or priority by topic. The bullets below the health need are many of the comments received on the sticky notes.

1. **Mental health & substance use disorder**
2. **Obesity/Diabetes & food security (tie)**
2. **Education – health, high school and some college (tie)**
3. **Access to care & insurance**
4. **Homelessness**
5. **Others**
  - a. **Violent crime**
  - b. **Community support & interaction**
  - c. **Air pollution**
  - d. **Low income**

### **Mental health & substance use disorder** (14 sticky notes)

- Mental health (5)
- Mental illness (3)
- Substance abuse (6)

### **Education – health, high school & some college**

(6 sticky notes)

- Education (2)
- Resources & education
- Education health and otherwise
- Lower percentage attending college
- Low education level

### **Obesity/Diabetes & food security** (6 sticky notes)

- Obesity (4)
- Diabetes
- Food security

### **Access to care & Insurance** (5 sticky notes)

- Access to care
- Access to healthcare (2)
- Lack of insurance
- Access to/compliance with health care

### **Homelessness** (4 votes)

- Homelessness (4)

### **Other Issues**

- Violent crime (2)
- Community support
- Community interaction
- Air pollution
- Low income

# Community Health Summit Brainstorming

## Community Health Goals and Actions Brainstorming

### Significant Health Need 1: Mental Health & Substance Use Disorder



#### Goal 1 – Increase mental health & substance abuse resources by 2021

**Action 1** - Provide education at local schools, hospital, community outreach programs

**Action 2** - Community Health Fair with attention to mental health/substance abuse resources

*Resources/Collaborators Needed: School personnel, hospital, community organization support*

#### Goal 2 – Increase mental health facilities by 2021



**Action 1** – Secure funding from the city

**Action 2** – Work with existing facilities to accept patients or add beds to accommodate more patients

*Resources/Collaborators Needed: Community funding, existing providers*

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### Significant Health Need 2 (tie): Obesity/Diabetes



#### Goal 1 – Reduce obesity – decrease BMI by 20% by 2021

**Action 1** - Improve nutrition. Develop free nutrition and cooking classes with language and culture specific tools

**Action 2** - Develop free exercise classes and education

**Action 3** – Develop a 100 Mile Club in schools to teach kids to manage their energy and stress through exercise. Partner with AYSO so all kids who want to can play soccer.

*Resources/Collaborators Needed: City of Montclair (Community Services, Parks, Senior Centers), Community Colleges, Businesses, Churches, Hospital and local clinics, Transportation resources, Schools – lunch program*



#### Goal 2 – Reduce Type 2 Diabetes – reduce rate by 20% by 2021

**Action 1** - Improve medication access and affordability

**Action 2** - Improve access to nutrition, testing, exercise programs, culturally specific dietary education and assistance

*Resources/Collaborators Needed: Pharmacies, Drug manufacturer assistance, Good Rx, Health Fairs*

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### Significant Health Need 2 (tie): Education



#### Goal 1 – Increase number of mentoring programs for students through ongoing skills development program in 3 years by 20%

**Action 1** – Recruit volunteers

**Action 2** – Increase outreach for participation

*Resources/Collaborators Needed: Schools, Police, Library, Churches, Hospital*



### Significant Health Need 3: Access to Care & Insurance



**Goal 1 – Increase marketing and community outreach to promote access to care**

**Action 1** - Market to neighboring areas that are affected by areas of poverty, communication barriers

**Action 2** - Reaching out to institutions to gauge support in assisting these communities

*Resources/Collaborators Needed: Health Fair, Education fliers in different languages, Education institutions, Churches, County offices*



**Goal 2 – Educate people on insurance eligibility and benefits through community events to teach how to best utilize insurance**

**Action 1** - Mass notification through county phones of these community events and education

**Action 2** - Organize health/insurance events for communities to attend. Formulate a plan of action and delegate a committee to track progress and efficacy

*Resources/Collaborators Needed: County Development, City Hall, Medical Professionals*

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### Significant Health Need 4: Homelessness



**Goal 1 – Increase utilization of available resources for homeless through public education in 3 years by 20%**

**Action 1** - Proactive measure by law enforcement and code enforcement to connect individual to community resources and placement

**Action 2** - Build partnerships between medical facilities and public safety to improve our awareness of available resources

*Resources/Collaborators Needed: Police Department, Codes enforcement, Veterans assistance, Case management, County Health Department*

# Impact of 2016 CHNA and Implementation Plan

## Impact

The following significant community issues were prioritized in 2016:

1. Asthma
2. Chronic Obstructive Pulmonary Disease
3. Diabetes
4. Mental Illness
5. Obesity
6. Substance Abuse

### Additional issues

1. Care Coordination
2. Education
3. Community Clinic
4. Diet
5. Physician Shortages
6. Pre- and Post-Natal Care

Below is the impact of the 2016 action plan to address the significant issues:

### Asthma:

MHMC offered education programs both inside the hospital and out in the community through health fairs, educational programs co-sponsored with schools, chambers of commerce and other health providers.

### COPD:

MHMC offered education to residents coping with the disease with the help of nurses and doctors.

### Diabetes:

MHMC developed a support program for Type 1 diabetes, provided adult education through health fairs, programs addressing specific populations, as well as offered in-hospital courses for caregivers and patients who have been admitted for acute attacks of Type 2 diabetes.

### Mental Illness:

The hospital on-boarded three onsite psychiatrists and telepsychiatry for the Emergency Department (ED).



## Impact of 2016 CHNA and Implementation Plan, cont.

### Impact

#### **Obesity:**

The hospital coordinated with Por La Vida to promote healthy eating habits for both the community and employees.

#### **Substance Abuse:**

MHMC partnered with local law enforcement and emergency services to treat and educate residents involved in misuse of toxic substances.

#### **Care Coordination:**

Montclair Hospital Medical Group expanded their case management team by hiring an additional social worker to ensure patients being discharged can maintain at home thus reducing the 30-day readmission rates through an adopted care coordination initiatives that was implemented.

#### **Education:**

The hospital educated bi-lingual patients of insurance coverage for their needs through forms available on the website. Hospital also participated in health fairs and flu clinics each year to educate community on health initiatives. Lastly, MHMC hosted a class of foreign exchange students from China that included a tour of the hospital, meet and greets with the executive leadership team and interviews with department leaders to better understand what it means to work in a hospital.

#### **Community Clinic:**

MHMC partnered with a neighboring facility to open a new continuity clinic site through March 2018 that allowed for expanded hours and services including flu shots, health screenings, and prenatal classes in conjunction with the San Bernardino County Breast Feeding Coalition. The clinic also allowed MHMC staff to serve Veterans in the Western San Bernardino County area.

#### **Physician Shortages:**

Montclair Hospital Medical Center has been actively recruiting for specialists that see the community clinic patients with successes with psychiatrists and OB/GYN.

#### **Pre and Post Natal Care:**

MHMC offered pre-natal classes through 2018.



## Impact of 2016 CHNA and Implementation Plan, cont.

### Impact

#### Access to Care:

The hospital partnered with a vendor to help patients who were not covered by health insurance sign up for medical assistance (if they qualified). MHMC sponsored and participated in the local Jamboree that promoted health plans and mental health to the community. The hospital also expanded the Emergency Department (ED) to add an additional four beds, resulting in decreased wait times for patients and increased the efficiency to their access to care. MHMC successfully recruited a new bi-lingual OB/GYN physician and is supporting their efforts to grow organically within the Hispanic community. Lastly, MHMC partnered with the San Bernardino County to create an outpatient clinic for Inland Empire Health Plan (IEHP) referrals instead of directing them to the ED for follow-up care.

## Community Asset Inventory

### Community Asset Inventory

*The separate document contains a list of community assets and resources that can help improve the health of the community and assist with implementation of the plan accompanies this document. The focus group also identified community resources to improve health, which are listed on page 23.*

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# Community Health Needs Assessment for San Bernardino County

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*Completed by Montclair Hospital Medical Center in partnership with:*

Stratasan

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 Montclair Hospital Medical Center

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 Stratasan